

State:	Colorado	Filing Company:	Renaissance Life & Health Insurance Company of America
TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health - Dental		
Product Name:	Renaissance Group Dental PPO, EHB Certified(PPACA dental filing)		
Project Name/Number:	Renaissance Group Dental PPO, EHB Certified /COR-2014-EHB GROUP RATES		

Filing at a Glance

Company:	Renaissance Life & Health Insurance Company of America
Product Name:	Renaissance Group Dental PPO, EHB Certified(PPACA dental filing)
State:	Colorado
TOI:	H10G Group Health - Dental
Sub-TOI:	H10G.000 Health - Dental
Filing Type:	Rate
Date Submitted:	06/14/2013
SERFF Tr Num:	RENA-129072450
SERFF Status:	Closed-Filed
State Tr Num:	279046
State Status:	Filed
Co Tr Num:	COR-2014-EHB GROUP RATES
Implementation	01/01/2014
Date Requested:	
Author(s):	Denise Chadwell, Kristen Schrauben, Todd Svanda, Meredith Sharp, Mindy Biehl, Bethany Stecovich, Brandy Kline, Arielle Tokorcheck, Emily Matthews
Reviewer(s):	Nichole Boggess (primary), Cathy Gilliland, Michael Muldoon, Amy Filler, Rachel Plummer, Scott Campbell
Disposition Date:	08/01/2013
Disposition Status:	Filed
Implementation Date:	01/01/2014
State Filing Description:	
Binder	RENA-CO14-125002770

State: Colorado **Filing Company:** Renaissance Life & Health Insurance Company of America

TOI/Sub-TOI: H10G Group Health - Dental/H10G.000 Health - Dental

Product Name: Renaissance Group Dental PPO, EHB Certified(PPACA dental filing)

Project Name/Number: Renaissance Group Dental PPO, EHB Certified /COR-2014-EHB GROUP RATES

General Information

Project Name: Renaissance Group Dental PPO, EHB Certified Status of Filing in Domicile: Pending
Project Number: COR-2014-EHB GROUP RATES Date Approved in Domicile:
Requested Filing Mode: File & Use Domicile Status Comments: Filed Concurrently
Explanation for Combination/Other: Market Type: Group
Submission Type: New Submission Group Market Size: Small
Group Market Type: Employer Overall Rate Impact:
Filing Status Changed: 08/01/2013
State Status Changed: 07/31/2013 Deemer Date:
Created By: Bethany Stecovich Submitted By: Meredith Sharp
Corresponding Filing Tracking Number:

Filing Description:

Re: Renaissance Life & Health Insurance Company of America (N.A.I.C. No. 61700)
FEIN# 47-0397286, Group No. 0477
Renaissance Group Dental PPO, EHB Certified (PPACA dental filing)
Form Number – QD-100A-2014-CO
SERFF Tracking No. RENA-129072450

Dear Sir or Madam:

On behalf of Renaissance Life & Health Insurance Company of America, we are filing a PPACA dental filing for a new Group Stand-Alone Dental Product that includes the Essential Health Benefit ("EHB") of pediatric dental, that we request to be Exchange-certified by the Division. This filing includes the rates that will be used off the exchange only. Enclosed are the following documents:

1. The rates; and
2. Any appropriate transmittal forms.

These rates are intended to be used effective January 1, 2014. The forms are being filed concurrently through SERFF Tracking No. RENA-129073876

Should you have any questions or require any additional information, please contact me directly at (517) 347-5273, by e-mail at bstecovich@renaissancefamily.com, or via SERFF. Thank you in advance for your consideration.

Sincerely,

Bethany A. Stecovich
Compliance Specialist
Legal and Compliance Department
Renaissance Life & Health Insurance Company of America

Company and Contact

State: Colorado **Filing Company:** Renaissance Life & Health Insurance Company of America

TOI/Sub-TOI: H10G Group Health - Dental/H10G.000 Health - Dental

Product Name: Renaissance Group Dental PPO, EHB Certified(PPACA dental filing)

Project Name/Number: Renaissance Group Dental PPO, EHB Certified /COR-2014-EHB GROUP RATES

Filing Contact Information

Bethany Stecovich, Compliance Specialist bstecovich@renaissancefamily.com
P.O. Box 30381 517-347-5273 [Phone]
Lansing, MI 48909 888-827-8060 [FAX]

Filing Company Information

Renaissance Life & Health	CoCode: 61700	State of Domicile: Indiana
Insurance Company of America	Group Code: 477	Company Type: Life & Health
P.O. Box 30381	Group Name:	State ID Number: CO
Lansing, MI 48909-7881	FEIN Number: 47-0397286	
(800) 745-7509 ext. [Phone]		

Filing Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

State Specific

Please enter state-specific code(s) found in Colorado's Filing Requirements Bulletins, or on the General Instructions page.

Please list all applicable state-specific codes. If no codes are applicable, please enter N/A.: 700 and 701

All rate and loss cost filing types MUST be submitted with completed Rate Data Fields in accordance with Sections 10-4-401 and 10-16-107 C.R.S. This requirement does not apply to form filing types. Rate and loss cost filings not including this data will be rejected. If this is a rate or loss cost filing, have these fields been completed?: Yes

Have you completed the Forms Schedule Tab? ALL Life, Accident, and Health Rate and Form filing types require the Form Schedule Tab to be completed. In addition, all Form, Annual Form Certification, and Refund Calculation filing types require the Form Schedule Tab to be completed. The actual form must be attached to Form filing types only when filing: Medicare Supplement, Long-Term Care Partnership, Stop Loss, P&C Summary Disclosure Forms, and Workers Compensation. It is not necessary to submit the actual form for other lines of insurance. Thank you.: Yes

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Nichole Boggess	08/01/2013	08/01/2013

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Nichole Boggess	07/29/2013	07/29/2013
Pending Industry Response	Scott Campbell	07/28/2013	07/28/2013
Pending Industry Response	Nichole Boggess	07/11/2013	07/11/2013
Pending Industry Response	Rachel Plummer	07/05/2013	07/05/2013
Pending Industry Response	Nichole Boggess	06/25/2013	06/25/2013

Response Letters

Responded By	Created On	Date Submitted
Arielle Tokorcheck	07/29/2013	07/29/2013
Arielle Tokorcheck	07/29/2013	07/29/2013
Denise Chadwell	07/18/2013	07/18/2013
Bethany Stecovich	07/08/2013	07/08/2013
Bethany Stecovich	07/09/2013	07/09/2013

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Group dental policy	Bethany Stecovich	06/21/2013	06/21/2013
Form	Group Employer Application	Bethany Stecovich	06/21/2013	06/21/2013
Form	Group Eligibility Enrollment Update	Bethany Stecovich	06/21/2013	06/21/2013

State:	Colorado	Filing Company:	Renaissance Life & Health Insurance Company of America
TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health - Dental		
Product Name:	Renaissance Group Dental PPO, EHB Certified(PPACA dental filing)		
Project Name/Number:	Renaissance Group Dental PPO, EHB Certified /COR-2014-EHB GROUP RATES		

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Group High Declaration	Bethany Stecovich	06/21/2013	06/21/2013
Form	Group Low Declaration	Bethany Stecovich	06/21/2013	06/21/2013
Form	Group High Summary	Bethany Stecovich	06/21/2013	06/21/2013
Form	Group Low Summary	Bethany Stecovich	06/21/2013	06/21/2013
Form	Group Certificate	Bethany Stecovich	06/21/2013	06/21/2013
Form	Terms of Paperless Delivery	Bethany Stecovich	06/21/2013	06/21/2013

State:	Colorado	Filing Company:	Renaissance Life & Health Insurance Company of America
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Disposition

Disposition Date: 08/01/2013
Implementation Date: 01/01/2014
Status: Filed

Comment: State Tracking #279046
Company: Renaissance Life & Health Insurance Company
Product Line: Small Group Dental Off-Exchange

Rate Implementation Summary

Effective Date of New Rate Implementation: 1/1/2014 through 12/31/2014 This is a new Filing for 2014 Standalone Dental plans, there is no rate change involved with this filing. The purpose of this rate filing is to establish new product rates for standalone dental plans that are reasonable relative to the benefits provided and to demonstrate compliance with state laws and provisions of the Exchange if applicable.

Off Exchange Only Plans

Child Only Pediatric: 2 plans (High AV Pediatric plan, Low AV Pediatric plan)

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Renaissance Life & Health Insurance Company of America	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	HR-1 Form (H)		Yes
Supporting Document (revised)	Actuarial Memorandum		Yes
Supporting Document	Actuarial Memorandum		Yes
Supporting Document	Actuarial Certification		Yes
Supporting Document	Nationwide Experience		Yes

SERFF Tracking #:

RENA-129072450

State Tracking #:

279046

Company Tracking #:

COR-2014-EHB GROUP RATES

State: Colorado

Filing Company:

Renaissance Life & Health Insurance Company of America

TOI/Sub-TOI: H10G Group Health - Dental/H10G.000 Health - Dental

Product Name: Renaissance Group Dental PPO, EHB Certified(PPACA dental filing)

Project Name/Number: Renaissance Group Dental PPO, EHB Certified /COR-2014-EHB GROUP RATES

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Actuarial Exhibits		Yes
Supporting Document	Response to Objections due 7-29-13		Yes
Form (revised)	Group dental policy		Yes
Form	Group dental policy		Yes
Form	Group Employer Application		Yes
Form	Group Eligibility Enrollment Update		Yes
Form	Group High Declaration		Yes
Form	Group Low Declaration		Yes
Form	Group High Summary		Yes
Form	Group Low Summary		Yes
Form	Group Certificate		Yes
Form	Terms of Paperless Delivery		Yes
Rate	Rates		Yes
Rate (revised)	Actuarial memorandum		Yes
Rate	Actuarial memorandum		Yes
Rate	Actuarial memorandum		Yes
Rate	Experience Exhibits		Yes
Rate	Exhibits 1		Yes
Rate	Actuarial Certification		Yes

Final Disposition Letter

State Tracking #279046

Company: Renaissance Life & Health Insurance Company

Product Line: Small Group Dental Off-Exchange

Rate Implementation Summary

Effective Date of New Rate Implementation: 1/1/2014 through 12/31/2014

This is a new Filing for 2014 Standalone Dental plans, there is no rate change involved with this filing.

The purpose of this rate filing is to establish new product rates for standalone dental plans that are reasonable relative to the benefits provided and to demonstrate compliance with state laws and provisions of the Exchange if applicable.

Off Exchange Only Plans

Child Only Pediatric: 2 plans (High AV Pediatric plan, Low AV Pediatric plan)

Rate Methodology

Experience Used for Rate Setting: The nationwide base rates were developed by analyzing incurred claims experience from July 1, 2011 – June 30, 2012 for states with similar practice patterns and patient experience. The study data used to develop the nationwide base rates comprised almost \$715 million in annually incurred claims across 1.8 million members. For the state of Colorado, approximately 11,216 patients had their experience analyzed to determine the cost and utilization differences.

2012 Experience Period Loss Ratio: 74.1% loss ratio based on 77,485 member months (average of 6,457 members) with \$3.56 Million in premium (\$45.97 pmpm).

Annual Dental Cost Trends: 3.5%.

Premium Retained to Cover Expenses, Taxes Fees and Profits

Administrative costs: Expenses the insurance company pays to operate this insurance plan.

This includes all expenses not directly related to paying claims, such as, but not limited to, salaries of company employees, the cost of the company's offices and equipment, commissions to agents to sell and service policies, subsidies to cover legally required plans such as portability, and taxes.

Profit: The amount of money remaining after claims and administrative expenses are paid. Margin is the comparable term for a nonprofit insurance company.

Premium retention is 25.7% for the Low AV plan and 24.2% for the High AV plan, shown as follows:

Admin expenses: 8.5% for Low AV plan, 7.0% for High AV plan.

Commissions: 12.0%

Premium Tax: 2.0%

PPACA Tax: 0.7%

Profit: 1.0%

Risk Margin: 1.5%

Final Disposition Letter

Sample of Final Premium Levels

	Rating Area ID*	Individual Rate	Couple	Primary Subscriber and One Dependent	Primary Subscriber and Two Dependents	Primary Subscriber and Three or More Dependents	Couple and One Dependent	Couple and Two Dependents	Couple and Three or More Dependents
High AV	Denver	\$31.91	\$31.91	\$31.91	\$31.91	\$31.91	\$31.91	\$31.91	\$31.91
	Fort Collins	\$31.91	\$31.91	\$31.91	\$31.91	\$31.91	\$31.91	\$31.91	\$31.91
	Grand Junction	\$31.91	\$31.91	\$31.91	\$31.91	\$31.91	\$31.91	\$31.91	\$31.91
	Pueblo	\$31.91	\$31.91	\$31.91	\$31.91	\$31.91	\$31.91	\$31.91	\$31.91
Low AV	Denver	\$26.17	\$26.17	\$26.17	\$26.17	\$26.17	\$26.17	\$26.17	\$26.17
	Fort Collins	\$26.17	\$26.17	\$26.17	\$26.17	\$26.17	\$26.17	\$26.17	\$26.17
	Grand Junction	\$26.17	\$26.17	\$26.17	\$26.17	\$26.17	\$26.17	\$26.17	\$26.17
	Pueblo	\$26.17	\$26.17	\$26.17	\$26.17	\$26.17	\$26.17	\$26.17	\$26.17

Division Objections and Rate Changes During the Review Process

Renaissance was able to answer all Division questions and provide support.

Final Rate Filing Disposition

The Division has filed the rates in their final form after all adjustments.

State:	Colorado	Filing Company:	Renaissance Life & Health Insurance Company of America
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Product Name:	Renaissance Group Dental PPO, EHB Certified(PPACA dental filing)		
Project Name/Number:	Renaissance Group Dental PPO, EHB Certified /COR-2014-EHB GROUP RATES		

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	07/29/2013
Submitted Date	07/29/2013
Respond By Date	07/30/2013

Dear Bethany Stecovich,

Introduction:

This filing has been received, but before further action can be taken, please address the following:

Objection 1

Comments: Please remove everything except the rate manual from the rate / rule schedule tab and upload on the supporting documents tab.

Conclusion:

Colorado Insurance Regulation 1-1-8 requires that every person shall provide a complete response in writing to any inquiry from the Division of Insurance. This reply must be submitted by 07/30/2013, which is within 1 calendar days from the date of this correspondence. If additional time is required to provide a complete response, including any documentation which is requested, a request for an extension of time must be submitted by 07/30/2013.

The request for an extension of time must state the reason for such request and the number of additional days required to provide a complete response. Requests for additional time will be granted for good cause shown and for a reasonable period at the discretion of the Division. Requests for an extension of time must be submitted through SERFF.

Failure to provide a full or complete response, or to request an extension for a specified period, will result in the rate filing being DISAPPROVED on the basis that the rate filing is incomplete, pursuant to §10-16-107(1.6)(a)(V), C.R.S. Proposed rates may not be used in any manner until an adequate response to this objection has been received and the above referenced rate filing has been approved by the Division.

*Sincerely,
Nichole Boggess*

State:	Colorado	Filing Company:	Renaissance Life & Health Insurance Company of America
TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health - Dental		
Product Name:	Renaissance Group Dental PPO, EHB Certified(PPACA dental filing)		
Project Name/Number:	Renaissance Group Dental PPO, EHB Certified /COR-2014-EHB GROUP RATES		

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	07/28/2013
Submitted Date	07/28/2013
Respond By Date	07/29/2013

Dear Bethany Stecovich,

Introduction:

This filing has been received, but before further action can be taken, please address the following:

Objection 1

- Rates, [QD-100A-2014-CO] (Rate)

Comments: Looking through the Rate Manual and comparing to the Rate Data Template, there are multiple areas of concern that I am finding. First, there are area factors from table 2 in the rate manual and there are no changes in the Rate Data template to show these differences in rates, please make the necessary adjustments to show the different rating factors. Second, for the base rates shown on the rate data template, I cannot correctly map out how the rates on the rate manual transfer to the rate data template given the multiple factors, please advise how you got to the rates on the rate data template.

Conclusion:

If any of the requested rate information results in changes to the filing forms (HR-1 or A, B, C or D), please also submit revised forms.

Colorado Insurance Regulation 1-1-8 requires that every person shall provide a complete response in writing to any inquiry from the Division of Insurance. This reply must be submitted by 07/29/2013, which is within 1 calendar days from the date of this correspondence. If additional time is required to provide a complete response, including any documentation which is requested, a request for an extension of time must be submitted by 07/29/2013.

The request for an extension of time must state the reason for such request and the number of additional days required to provide a complete response. Requests for additional time will be granted for good cause shown and for a reasonable period at the discretion of the Division. Requests for an extension of time must be submitted through SERFF.

Failure to provide a full or complete response, or to request an extension for a specified period, may result in the imposition of a \$500 fine under Colorado Insurance Regulation 1-1-8 and applicable surcharge pursuant to §24-34-108(2), C.R.S. This surcharge will be used to fund the development, implementation and maintenance of a consumer outreach and education program. Pursuant to Section 6 of Colorado Insurance Regulation 1-1-8, and after notice and hearing, additional sanctions may be sought under C.R.S. 10-1-215 and other fining and penalty provisions of Title 10.

Sincerely,
Scott Campbell

State:	Colorado	Filing Company:	Renaissance Life & Health Insurance Company of America
TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health - Dental		
Product Name:	Renaissance Group Dental PPO, EHB Certified(PPACA dental filing)		
Project Name/Number:	Renaissance Group Dental PPO, EHB Certified /COR-2014-EHB GROUP RATES		

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	07/11/2013
Submitted Date	07/11/2013
Respond By Date	07/18/2013

Dear Bethany Stecovich,

Introduction:

This filing has been received, but before further action can be taken, please address the following:

Objection 1

Comments: Please update the requested filing mode on the general information tab to be file and use.

Objection 2

- Actuarial Memorandum (Supporting Document)

Comments: Please provide all supporting information used to develop these rates. This would include the dental trend development, cost and utilization differences, along with any other information used to develop the rates.

Objection 3

- Actuarial Memorandum (Supporting Document)

Comments: Regulation 4-2-11 Section 6 (P) Please provide the following information: Benefits Ratio Projections: The memorandum must contain a section projecting the benefits ratio, over the rating period, with the requested rate change. The comparison should be shown in chart form; with projected premiums, projected incurred claims and projected benefits ratio over the rating period, with the requested rate change.

Conclusion:

Colorado Insurance Regulation 1-1-8 requires that every person shall provide a complete response in writing to any inquiry from the Division of Insurance. This reply must be submitted by 07/18/2013, which is within 7 calendar days from the date of this correspondence. If additional time is required to provide a complete response, including any documentation which is requested, a request for an extension of time must be submitted by 07/18/2013.

The request for an extension of time must state the reason for such request and the number of additional days required to provide a complete response. Requests for additional time will be granted for good cause shown and for a reasonable period at the discretion of the Division. Requests for an extension of time must be submitted through SERFF.

Failure to provide a full or complete response, or to request an extension for a specified period, will result in the rate filing being DISAPPROVED on the basis that the rate filing is incomplete, pursuant to §10-16-107(1.6)(a)(V), C.R.S. Proposed rates may not be used in any manner until an adequate response to this objection has been received and the above referenced rate filing has been approved by the Division.

Sincerely,

Nichole Boggess

State:	Colorado	Filing Company:	Renaissance Life & Health Insurance Company of America
TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health - Dental		
Product Name:	Renaissance Group Dental PPO, EHB Certified(PPACA dental filing)		
Project Name/Number:	Renaissance Group Dental PPO, EHB Certified /COR-2014-EHB GROUP RATES		

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	07/05/2013
Submitted Date	07/05/2013
Respond By Date	07/12/2013

Dear Bethany Stecovich,

Introduction:

This filing has been received, but before further action can be taken, please address the following:

Objection 1

Comments: There are errors with your Dental Rate Template submitted in the binder. The file has 4 tabs, 3 are blank but have quarterly effective dates filled out. Please correct this template and resubmit.

Conclusion:

If any of the requested rate information results in changes to the filing forms (HR-1 or A, B, C or D), please also submit revised forms.

Colorado Insurance Regulation 1-1-8 requires that every person shall provide a complete response in writing to any inquiry from the Division of Insurance. This reply must be submitted by 07/12/2013, which is within 7 calendar days from the date of this correspondence. If additional time is required to provide a complete response, including any documentation which is requested, a request for an extension of time must be submitted by 07/12/2013.

The request for an extension of time must state the reason for such request and the number of additional days required to provide a complete response. Requests for additional time will be granted for good cause shown and for a reasonable period at the discretion of the Division. Requests for an extension of time must be submitted through SERFF.

Failure to provide a full or complete response, or to request an extension for a specified period, may result in the imposition of a \$500 fine under Colorado Insurance Regulation 1-1-8 and applicable surcharge pursuant to §24-34-108(2), C.R.S. This surcharge will be used to fund the development, implementation and maintenance of a consumer outreach and education program. Pursuant to Section 6 of Colorado Insurance Regulation 1-1-8, and after notice and hearing, additional sanctions may be sought under C.R.S. 10-1-215 and other fining and penalty provisions of Title 10.

Sincerely,

Rachel Plummer

State: Colorado **Filing Company:** Renaissance Life & Health Insurance Company of America

TOI/Sub-TOI: H10G Group Health - Dental/H10G.000 Health - Dental

Product Name: Renaissance Group Dental PPO, EHB Certified (PPACA dental filing)

Project Name/Number: Renaissance Group Dental PPO, EHB Certified /COR-2014-EHB GROUP RATES

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	06/25/2013
Submitted Date	06/25/2013
Respond By Date	07/09/2013

Dear Bethany Stecovich,

Introduction:

This filing has been received, but before further action can be taken, please address the following:

Objection 1

Comments: Please update the requested filing mode on the general information tab to be file and use.

Objection 2

Comments: Once a filing has been submitted, the Lead Form Number cannot be changed. For future filings, please ensure that the Lead Form Number field has been completed. For more information and guidance on how to update the form schedule tab, please contact the SERFF help desk.

Objection 3

- Actuarial Memorandum (Supporting Document)

Comments: Regulation 4-2-11 Section 6 (A) (7) Please provide the following information: Age basis: A statement as to whether the premiums will be charged on an issue age, attained age, renewal age or other basis and the issue age range of the form should be specified.

Objection 4

- Actuarial Memorandum (Supporting Document)

Comments: Regulation 4-2-11 Section 6 (C): At a minimum, the proposed implementation date of the rates must be provided. If the length of the rating period is not clearly identified, it will be assumed to be for twelve months, starting from the proposed implementation date.

Objection 5

- Actuarial Memorandum (Supporting Document)

Comments: Regulation 4-2-11 Section 6 (L) Please provide the following information: Trend: This section must describe the trend assumptions used in pricing. These assumptions must each be separately discussed, adequately supported, and also be appropriate for the specific line of business, product design, benefit configuration, and time period. Any and all factors affecting the projection of future claims must be presented and adequately supported.

1. Up to the four most recent years of monthly experience used to evaluate historical trends should be provided if available. This experience may be data for the plan being rated, or may include data from other Colorado or National business for similar lines of business, product designs, or benefit configurations.
2. The loss data for a health benefit plan or an applicable plan that pays on an expense basis must be on an incurred basis with pharmacy data shown separately from medical data, and showing separately the accrued and unaccrued portions of the liability and reserve (e.g., case, bulk and incurred but not reported (IBNR) reserves) as of the valuation date. The plan should indicate the number of paid claim months of run out used beyond the end of the incurred claims period.
3. The claims experience for a health benefit plan or an applicable plan that pays on an expense basis should include the following separate data elements for each month: actual medical (non-pharmacy) paid on incurred claims, total medical incurred claims including estimated IBNR claims, actual pharmacy paid on incurred claims, total pharmacy incurred claims including estimated IBNR

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Project Name/Number: Renaissance Group Dental PPO, EHB Certified /COR-2014-EHB GROUP RATES

claims, average covered lives for medical, and average covered lives for pharmacy.

4. The health benefit plan or an applicable plan that pays on an expense basis should also show these data elements aggregated by 12-month annual periods, with yearly per member per months (pmpms) and year over year pmpm trends separately for medical and pharmacy. The plan should also show the annual experience pmpms and trends normalized for changes in demographics, benefit changes, and other factors impacting the true underlying trends.

5. The trend assumptions by major service category shall be, if practical, separately quantified into two categories, medical and insurance, as defined below:

a. Medical trend is the combined effect of medical provider price increases, utilization changes, medical cost shifting, and new medical procedures and technology.

b. Insurance trend is the combined effect of underwriting wearoff, deductible leveraging, and antiselection resulting from rate increases and discontinuance of new sales. Note: medical trend must be determined or assumed before insurance trend can be determined. Underwriting wearoff means the gradual increase from initial low expected claims that result from underwriting selection to higher expected claims for later (ultimate) durations. Underwriting wearoff does not apply to guaranteed issue products.

Objection 6

- Actuarial Memorandum (Supporting Document)

Comments: Regulation 4-2-11 Section 6 (M) Please provide the following information: Credibility: The Colorado standard for fully credible data is 2,000 life years and 2,000 claims. Both standards must be met within a maximum of three years, if the proposed rates are based on claims experience.

1. The memorandum shall discuss the credibility of the Colorado data with the proposed rates based upon as much Colorado data as possible. Collateral data used to support partially credible Colorado data, including published data sources (including affiliated carriers) must be provided and applicability of the use of such data must be discussed. The use of collateral data is only acceptable if the Colorado data does not meet the full credibility standard. The formula for determining the amount of credibility to assign to the data is $\text{SQRT} \{(\# \text{ life years or claims})/\text{full credibility standard}\}$. The full credibility standard is defined above. Colorado data must still be provided.

2. The memorandum shall also discuss how and if the aggregated data meets the Colorado credibility requirement. Any filing, which bases its conclusions on partially credible data, should include a discussion as to how the rating methodology was modified for the partially credible data.

Objection 7

- Actuarial Memorandum (Supporting Document)

Comments: Regulation 4-2-11 Section 6 (N) Please provide the following information: Data Requirements: The memorandum must, at a minimum, include earned premium, incurred claims, actual benefits ratio, number of claims, average covered lives and number of policyholders submitted on a Colorado-only basis for at least 3 years.

1. Pharmacy claims data for health benefit plans or an applicable plan that pays on an expense basis should also be shown separately for incurred claims, actual benefits ratio, number of claims, average covered lives and number of policyholders.

2. National or other relevant data shall also be provided in order to support the rates, if the Colorado data is not fully credible. Any rate filing involving an existing product is required to provide this information. This includes, but is not limited to: changes in rates; rating factors; rating methodology; trend; new benefit options; or new plan designs for an existing product.

3. If the filing is to introduce a new product to Colorado, nationwide experience must be provided for this product, if available. If no experience for the new product is available, experience for a comparable product must be provided, if available.

State: Colorado **Filing Company:** Renaissance Life & Health Insurance Company of America

TOI/Sub-TOI: H10G Group Health - Dental/H10G.000 Health - Dental

Product Name: Renaissance Group Dental PPO, EHB Certified(PPACA dental filing)

Project Name/Number: Renaissance Group Dental PPO, EHB Certified /COR-2014-EHB GROUP RATES

4. Rates must be supported by the most recent data available, with as much weight as possible placed upon the Colorado experience.

a. For Renewal filings the experience period must include consecutive data no older than nine months prior to the rate effective implementation date.

b. For new business filings the experience period must include consecutive data no older than nine months prior to the effective implementation date.

The loss data must be on an incurred basis, including both separately and combined accrued and unaccrued portions of the liability and reserve (e.g., case, bulk and IBNR reserves) as of the valuation date. Premiums and/or exposure data must be stated on both an actual and on-rate-level basis. Capitation payments should be considered as claim or loss payments. The carrier should also provide information about how the number of claims was calculated.

Objection 8

- Actuarial Memorandum (Supporting Document)

Comments: Regulation 4-2-11 Section 6 (P) Please provide the following information: Benefits Ratio Projections: The memorandum must contain a section projecting the benefits ratio, over the rating period, with the requested rate change. The comparison should be shown in chart form; with projected premiums, projected incurred claims and projected benefits ratio over the rating period, with the requested rate change.

Conclusion:

Colorado Insurance Regulation 1-1-8 requires that every person shall provide a complete response in writing to any inquiry from the Division of Insurance. This reply must be submitted by 07/09/2013, which is within 14 calendar days from the date of this correspondence. If additional time is required to provide a complete response, including any documentation which is requested, a request for an extension of time must be submitted by 07/09/2013.

The request for an extension of time must state the reason for such request and the number of additional days required to provide a complete response. Requests for additional time will be granted for good cause shown and for a reasonable period at the discretion of the Division. Requests for an extension of time must be submitted through SERFF.

Failure to provide a full or complete response, or to request an extension for a specified period, will result in the rate filing being DISAPPROVED on the basis that the rate filing is incomplete, pursuant to §10-16-107(1.6)(a)(V), C.R.S. Proposed rates may not be used in any manner until an adequate response to this objection has been received and the above referenced rate filing has been approved by the Division.

Sincerely,

Nichole Boggess

State:	Colorado	Filing Company:	Renaissance Life & Health Insurance Company of America
TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health - Dental		
Product Name:	Renaissance Group Dental PPO, EHB Certified(PPACA dental filing)		
Project Name/Number:	Renaissance Group Dental PPO, EHB Certified /COR-2014-EHB GROUP RATES		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	07/29/2013
Submitted Date	07/29/2013

Dear Nichole Boggess,

Introduction:

See below for responses.

Response 1

Comments:

Everything except the rate manual is now attached to the Rate Tab, with the remaining items attached to the Supporting Documents Tab.

Related Objection 1

Comments: Please remove everything except the rate manual from the rate / rule schedule tab and upload on the supporting documents tab.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Nationwide Experience
Comments:	See attached.
Attachment(s):	CO Ren Group Nationwide Experience.pdf
Satisfied - Item:	Actuarial Exhibits
Comments:	
Attachment(s):	CO Exhibits 1- RENA-129072450.xlsx

State:	Colorado	Filing Company:	Renaissance Life & Health Insurance Company of America
TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health - Dental		
Product Name:	Renaissance Group Dental PPO, EHB Certified(PPACA dental filing)		
Project Name/Number:	Renaissance Group Dental PPO, EHB Certified /COR-2014-EHB GROUP RATES		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Nationwide Experience
Comments:	See attached.
Attachment(s):	CO Ren Group Nationwide Experience.pdf
Satisfied - Item:	Actuarial Exhibits
Comments:	
Attachment(s):	CO Exhibits 1- RENA-129072450.xlsx

No Form Schedule items changed.

Rate/Rule Schedule Item Changes						
Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	Actuarial memorandum	QD-100A-2014-CO	New			07/29/2013 By: Arielle Tokorcheck
<i>Previous Version</i>						
1	Actuarial memorandum	QD-100A-2014-CO	New		CO 2014 Actuarial Memorandum Revised 7-18-13.pdf,	07/18/2013 By: Denise Chadwell
<i>Previous Version</i>						
1	Actuarial memorandum	QD-100A-2014-CO	New		CO 2014 Actuarial Memorandum.pdf,	06/14/2013 By: Meredith Sharp

Conclusion:

Sincerely,
Arielle Tokorcheck

State:	Colorado	Filing Company:	Renaissance Life & Health Insurance Company of America
TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health - Dental		
Product Name:	Renaissance Group Dental PPO, EHB Certified(PPACA dental filing)		
Project Name/Number:	Renaissance Group Dental PPO, EHB Certified /COR-2014-EHB GROUP RATES		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	07/29/2013
Submitted Date	07/29/2013

Dear Nichole Boggess,

Introduction:

Due to the character limit, the response to this objection is attached to the Supporting Documentation tab in pdf. Thank you.

Response 1

Comments:

Due to the character limit, the response to this objection is attached to the Supporting Documentation tab in pdf. Thank you.

Related Objection 1

Applies To:

- Rates, [QD-100A-2014-CO] (Rate)

Comments: Looking through the Rate Manual and comparing to the Rate Data Template, there are multiple areas of concern that I am finding. First, there are area factors from table 2 in the rate manual and there are no changes in the Rate Data template to show these differences in rates, please make the necessary adjustments to show the different rating factors. Second, for the base rates shown on the rate data template, I cannot correctly map out how the rates on the rate manual transfer to the rate data template given the multiple factors, please advise how you got to the rates on the rate data template.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objections due 7-29-13
Comments:	
Attachment(s):	CO Objection Response - RENA-129072450 B.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,

SERFF Tracking #:	RENA-129072450	State Tracking #:	279046	Company Tracking #:	COR-2014-EHB GROUP RATES
State:	Colorado	Filing Company:	Renaissance Life & Health Insurance Company of America		
TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health - Dental				
Product Name:	Renaissance Group Dental PPO, EHB Certified(PPACA dental filing)				
Project Name/Number:	Renaissance Group Dental PPO, EHB Certified /COR-2014-EHB GROUP RATES				

Arielle Tokorcheck

State:	Colorado	Filing Company:	Renaissance Life & Health Insurance Company of America
TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health - Dental		
Product Name:	Renaissance Group Dental PPO, EHB Certified(PPACA dental filing)		
Project Name/Number:	Renaissance Group Dental PPO, EHB Certified /COR-2014-EHB GROUP RATES		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	07/18/2013
Submitted Date	07/18/2013

Dear Nichole Boggess,

Introduction:

The following is in response to the below objections:

Response 1

Comments:

Completed.

Related Objection 1

Comments: Please update the requested filing mode on the general information tab to be file and use.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments:

The rates filed and approved with Colorado for the Ren Group Product (Form D-100A-CO) were increased by trend from the previous year. A network impact factor (1.0%) was also applied to reduce the projected claims costs. No other cost or utilization changes were made in the rate development. Please see the Section L in the Actuarial Memorandum. The claims trend experience referred to Section L is monitoring the submitted amounts for the dental procedures by dentists (see Exhibit 2 for an example). The actual claim amounts paid are limited by the maximum allowed amounts as set by Delta Dental. Please see the Exhibit 3 for the AV Calculation for the high and low pediatric plans.

Related Objection 2

Applies To:

- Actuarial Memorandum (Supporting Document)

Comments: Please provide all supporting information used to develop these rates. This would include the dental trend development, cost and utilization differences, along with any other information used to develop the rates.

State:	Colorado	Filing Company:	Renaissance Life & Health Insurance Company of America
TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health - Dental		
Product Name:	Renaissance Group Dental PPO, EHB Certified(PPACA dental filing)		
Project Name/Number:	Renaissance Group Dental PPO, EHB Certified /COR-2014-EHB GROUP RATES		

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	CO 2014 Actuarial Memorandum Revised 7-18-13.pdf
Previous Version	
Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	CO 2014 Actuarial Memorandum.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 3

Comments:

Please see Item P on the revised Actuarial Memorandum.

Related Objection 3

Applies To:

- Actuarial Memorandum (Supporting Document)

Comments: Regulation 4-2-11 Section 6 (P) Please provide the following information: Benefits Ratio Projections: The memorandum must contain a section projecting the benefits ratio, over the rating period, with the requested rate change. The comparison should be shown in chart form; with projected premiums, projected incurred claims and projected benefits ratio over the rating period, with the requested rate change.

Changed Items:

State:	Colorado	Filing Company:	Renaissance Life & Health Insurance Company of America
TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health - Dental		
Product Name:	Renaissance Group Dental PPO, EHB Certified(PPACA dental filing)		
Project Name/Number:	Renaissance Group Dental PPO, EHB Certified /COR-2014-EHB GROUP RATES		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	CO 2014 Actuarial Memorandum Revised 7-18-13.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>CO 2014 Actuarial Memorandum.pdf</i>

Satisfied - Item:	Actuarial Certification
Comments:	
Attachment(s):	CO 2014 Actuarial Memorandum Certification 7-18-13.pdf

Supporting Document Schedule Item Changes	
Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	CO 2014 Actuarial Memorandum Revised 7-18-13.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>CO 2014 Actuarial Memorandum.pdf</i>

Satisfied - Item:	Actuarial Certification
Comments:	
Attachment(s):	CO 2014 Actuarial Memorandum Certification 7-18-13.pdf

No Form Schedule items changed.

State:	Colorado	Filing Company:	Renaissance Life & Health Insurance Company of America
TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health - Dental		
Product Name:	Renaissance Group Dental PPO, EHB Certified(PPACA dental filing)		
Project Name/Number:	Renaissance Group Dental PPO, EHB Certified /COR-2014-EHB GROUP RATES		

Rate/Rule Schedule Item Changes						
Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	Actuarial memorandum	QD-100A-2014-CO	New		CO 2014 Actuarial Memorandum Revised 7-18-13.pdf,	07/18/2013 By: Denise Chadwell
<i>Previous Version</i>						
1	Actuarial memorandum	QD-100A-2014-CO	New		CO 2014 Actuarial Memorandum.pdf,	06/14/2013 By: Meredith Sharp
2	Exhibits 1	QD-100A-2014-CO	New		CO Exhibits 1- RENA-129072450.xlsx,	07/18/2013 By: Denise Chadwell
3	Actuarial Certification	QD-100A-2014-CO	New		CO 2014 Actuarial Memorandum Certification 7-18-13.pdf,	07/18/2013 By: Denise Chadwell

Conclusion:

Thank you for your continued review.

Sincerely,

Denise Chadwell

State:	Colorado	Filing Company:	Renaissance Life & Health Insurance Company of America
TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health - Dental		
Product Name:	Renaissance Group Dental PPO, EHB Certified(PPACA dental filing)		
Project Name/Number:	Renaissance Group Dental PPO, EHB Certified /COR-2014-EHB GROUP RATES		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	07/08/2013
Submitted Date	07/08/2013

Dear Nichole Boggess,

Introduction:

In response to the objection below;

Response 1

Comments:

Please scroll up on the template, the rating information starts on Line 14. Sorry for the inconvenience.

Related Objection 1

Comments: There are errors with your Dental Rate Template submitted in the binder. The file has 4 tabs, 3 are blank but have quarterly effective dates filled out. Please correct this template and resubmit.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Thank you for your continued review.

Sincerely,

Bethany Stecovich

SERFF Tracking #:	RENA-129072450	State Tracking #:	279046	Company Tracking #:	COR-2014-EHB GROUP RATES
<hr/>					
State:	Colorado	Filing Company:	Renaissance Life & Health Insurance Company of America		
TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health - Dental				
Product Name:	Renaissance Group Dental PPO, EHB Certified(PPACA dental filing)				
Project Name/Number:	Renaissance Group Dental PPO, EHB Certified /COR-2014-EHB GROUP RATES				

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	07/09/2013
Submitted Date	07/09/2013

Dear Nichole Boggess,

Introduction:

In response to the objections below;

Response 1

Comments:

Renaissance is seeking exchange certification for this filing by the Department to be approved for use in the State of Colorado. We are concerned that by selecting file and use under the general information tab, this will limit the Department from certifying the product as exchange certified. Therefore, Renaissance has not changed this filing from review and approval. Should the Department require a change to this filing, please let us know.

Related Objection 1

Comments: Please update the requested filing mode on the general information tab to be file and use.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments:

Acknowledged

Related Objection 2

Comments: Once a filing has been submitted, the Lead Form Number cannot be changed. For future filings, please ensure that the Lead Form Number field has been completed. For more information and guidance on how to update the form schedule tab, please contact the SERFF help desk.

Changed Items:

No Supporting Documents changed.

State:	Colorado	Filing Company:	Renaissance Life & Health Insurance Company of America
TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health - Dental		
Product Name:	Renaissance Group Dental PPO, EHB Certified(PPACA dental filing)		
Project Name/Number:	Renaissance Group Dental PPO, EHB Certified /COR-2014-EHB GROUP RATES		

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 3

Comments:

The rates will be determined based on the Renewal age of the member.

Related Objection 3

Applies To:

- Actuarial Memorandum (Supporting Document)

Comments: Regulation 4-2-11 Section 6 (A) (7) Please provide the following information: Age basis: A statement as to whether the premiums will be charged on an issue age, attained age, renewal age or other basis and the issue age range of the form should be specified.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 4

Comments:

January 1st, 2014 Please see section C. of the Actuarial Memorandum

Related Objection 4

Applies To:

- Actuarial Memorandum (Supporting Document)

Comments: Regulation 4-2-11 Section 6 (C): At a minimum, the proposed implementation date of the rates must be provided. If the length of the rating period is not clearly identified, it will be assumed to be for twelve months, starting from the proposed implementation date.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

SERFF Tracking #:	RENA-129072450	State Tracking #:	279046	Company Tracking #:	COR-2014-EHB GROUP RATES
<hr/>					
State:	Colorado	Filing Company:	Renaissance Life & Health Insurance Company of America		
TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health - Dental				
Product Name:	Renaissance Group Dental PPO, EHB Certified(PPACA dental filing)				
Project Name/Number:	Renaissance Group Dental PPO, EHB Certified /COR-2014-EHB GROUP RATES				

Response 5

Comments:

Please note that this is a dental only filing and as such very little of the above mentioned medical trends are appropriate to use (for example deductible leveraging does not materially occur in dental).

Since this is a new product filing, there is no empirical evidence to support the trends that were selected. Renaissance has selected two nationwide benchmarks (see section L trend) in addition to nationwide claims experience that was used to analyze and select a trend assumption for 2014. Note that the 3.5% trend assumption for 2014 was selected to incorporate unknown cost and utilization impacts with ACA reforms and is a reasonable and appropriate assumption to use in stand-alone Dental insurance rate development.

Related Objection 5

Applies To:

- Actuarial Memorandum (Supporting Document)

State:	Colorado	Filing Company:	Renaissance Life & Health Insurance Company of America
TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health - Dental		
Product Name:	Renaissance Group Dental PPO, EHB Certified(PPACA dental filing)		
Project Name/Number:	Renaissance Group Dental PPO, EHB Certified /COR-2014-EHB GROUP RATES		

Comments: Regulation 4-2-11 Section 6 (L) Please provide the following information: Trend: This section must describe the trend assumptions used in pricing. These assumptions must each be separately discussed, adequately supported, and also be appropriate for the specific line of business, product design, benefit configuration, and time period. Any and all factors affecting the projection of future claims must be presented and adequately supported.

1. Up to the four most recent years of monthly experience used to evaluate historical trends should be provided if available. This experience may be data for the plan being rated, or may include data from other Colorado or National business for similar lines of business, product designs, or benefit configurations.

2. The loss data for a health benefit plan or an applicable plan that pays on an expense basis must be on an incurred basis with pharmacy data shown separately from medical data, and showing separately the accrued and unaccrued portions of the liability and reserve (e.g., case, bulk and incurred but not reported (IBNR) reserves) as of the valuation date. The plan should indicate the number of paid claim months of run out used beyond the end of the incurred claims period.

3. The claims experience for a health benefit plan or an applicable plan that pays on an expense basis should include the following separate data elements for each month: actual medical (non-pharmacy) paid on incurred claims, total medical incurred claims including estimated IBNR claims, actual pharmacy paid on incurred claims, total pharmacy incurred claims including estimated IBNR claims, average covered lives for medical, and average covered lives for pharmacy.

4. The health benefit plan or an applicable plan that pays on an expense basis should also show these data elements aggregated by 12-month annual periods, with yearly per member per months (pmpms) and year over year pmpm trends separately for medical and pharmacy. The plan should also show the annual experience pmpms and trends normalized for changes in demographics, benefit changes, and other factors impacting the true underlying trends.

5. The trend assumptions by major service category shall be, if practical, separately quantified into two categories, medical and insurance, as defined below:

a. Medical trend is the combined effect of medical provider price increases, utilization changes, medical cost shifting, and new medical procedures and technology.

b. Insurance trend is the combined effect of underwriting wearoff, deductible leveraging, and antiselection resulting from rate increases and discontinuance of new sales. Note: medical trend must be determined or assumed before insurance trend can be determined. Underwriting wearoff means the gradual increase from initial low expected claims that result from underwriting selection to higher expected claims for later (ultimate) durations. Underwriting wearoff does not apply to guaranteed issue products.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 6

Comments:

State:	Colorado	Filing Company:	Renaissance Life & Health Insurance Company of America
TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health - Dental		
Product Name:	Renaissance Group Dental PPO, EHB Certified(PPACA dental filing)		
Project Name/Number:	Renaissance Group Dental PPO, EHB Certified /COR-2014-EHB GROUP RATES		

There are no policyholders in Colorado for any Renaissance group business. Please see section K of the Actuarial Memorandum for an explanation of how the proposed rates were developed.

Related Objection 6

Applies To:

- Actuarial Memorandum (Supporting Document)

Comments: Regulation 4-2-11 Section 6 (M) Please provide the following information: Credibility: The Colorado standard for fully credible data is 2,000 life years and 2,000 claims. Both standards must be met within a maximum of three years, if the proposed rates are based on claims experience.

1. The memorandum shall discuss the credibility of the Colorado data with the proposed rates based upon as much Colorado data as possible. Collateral data used to support partially credible Colorado data, including published data sources (including affiliated carriers) must be provided and applicability of the use of such data must be discussed. The use of collateral data is only acceptable if the Colorado data does not meet the full credibility standard. The formula for determining the amount of credibility to assign to the data is $\text{SQRT}\{(\# \text{ life years or claims})/\text{full credibility standard}\}$. The full credibility standard is defined above. Colorado data must still be provided.

2. The memorandum shall also discuss how and if the aggregated data meets the Colorado credibility requirement. Any filing, which bases its conclusions on partially credible data, should include a discussion as to how the rating methodology was modified for the partially credible data.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 7

Comments:

Please see CO Nationwide Exhibit 1 for the Renaissance group nationwide experience. No experience is available for Colorado group business.

Related Objection 7

Applies To:

- Actuarial Memorandum (Supporting Document)

State:	Colorado	Filing Company:	Renaissance Life & Health Insurance Company of America
TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health - Dental		
Product Name:	Renaissance Group Dental PPO, EHB Certified(PPACA dental filing)		
Project Name/Number:	Renaissance Group Dental PPO, EHB Certified /COR-2014-EHB GROUP RATES		

Comments: Regulation 4-2-11 Section 6 (N) Please provide the following information: Data Requirements: The memorandum must, at a minimum, include earned premium, incurred claims, actual benefits ratio, number of claims, average covered lives and number of policyholders submitted on a Colorado-only basis for at least 3 years.

- 1. Pharmacy claims data for health benefit plans or an applicable plan that pays on an expense basis should also be shown separately for incurred claims, actual benefits ratio, number of claims, average covered lives and number of policyholders.*
- 2. National or other relevant data shall also be provided in order to support the rates, if the Colorado data is not fully credible. Any rate filing involving an existing product is required to provide this information. This includes, but is not limited to: changes in rates; rating factors; rating methodology; trend; new benefit options; or new plan designs for an existing product.*
- 3. If the filing is to introduce a new product to Colorado, nationwide experience must be provided for this product, if available. If no experience for the new product is available, experience for a comparable product must be provided, if available.*
- 4. Rates must be supported by the most recent data available, with as much weight as possible placed upon the Colorado experience.*
 - a. For Renewal filings the experience period must include consecutive data no older than nine months prior to the rate effective implementation date.*
 - b. For new business filings the experience period must include consecutive data no older than nine months prior to the effective implementation date.*

The loss data must be on an incurred basis, including both separately and combined accrued and unaccrued portions of the liability and reserve (e.g., case, bulk and IBNR reserves) as of the valuation date. Premiums and/or exposure data must be stated on both an actual and on-rate-level basis. Capitation payments should be considered as claim or loss payments. The carrier should also provide information about how the number of claims was calculated.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

Rate/Rule Schedule Item Changes						
Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	Experience Exhibits	QD-100A-2014-CO	New		CO Ren Group Nationwide Experience.pdf,	07/09/2013 By: Bethany Stecovich

SERFF Tracking #:	RENA-129072450	State Tracking #:	279046	Company Tracking #:	COR-2014-EHB GROUP RATES
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State:	Colorado	Filing Company:	Renaissance Life & Health Insurance Company of America		
TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health - Dental				
Product Name:	Renaissance Group Dental PPO, EHB Certified(PPACA dental filing)				
Project Name/Number:	Renaissance Group Dental PPO, EHB Certified /COR-2014-EHB GROUP RATES				

Response 8

Comments:

The Loss Ratio (Incurred claims divided by total premium) projections are included in the Actuarial memo section I. Since this is a new product filing, there is not a requested rate change to include. The projections are based on nationwide experience from the Renaissance Group product.

Related Objection 8

Applies To:

- Actuarial Memorandum (Supporting Document)

Comments: Regulation 4-2-11 Section 6 (P) Please provide the following information: Benefits Ratio Projections: The memorandum must contain a section projecting the benefits ratio, over the rating period, with the requested rate change. The comparison should be shown in chart form; with projected premiums, projected incurred claims and projected benefits ratio over the rating period, with the requested rate change.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Thank you for your continued review.

Sincerely,

Bethany Stecovich

SERFF Tracking #:	RENA-129072450	State Tracking #:	279046	Company Tracking #:	COR-2014-EHB GROUP RATES
<hr/>					
State:	Colorado	Filing Company:	Renaissance Life & Health Insurance Company of America		
TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health - Dental				
Product Name:	Renaissance Group Dental PPO, EHB Certified(PPACA dental filing)				
Project Name/Number:	Renaissance Group Dental PPO, EHB Certified /COR-2014-EHB GROUP RATES				

Amendment Letter

Submitted Date: 06/21/2013

Comments:

I have updated the Form Schedule tab to include All forms associated with the rate filing as directed in the 5/31/13 PPACA Stand Alone Dental Procedures for Colorado.

Thank you,
Bethany Stecovich
Changed Items:

State:	Colorado	Filing Company:	Renaissance Life & Health Insurance Company of America
TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health - Dental		
Product Name:	Renaissance Group Dental PPO, EHB Certified(PPACA dental filing)		
Project Name/Number:	Renaissance Group Dental PPO, EHB Certified /COR-2014-EHB GROUP RATES		

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Group dental policy	QD-100A-2014-CO	POL	Initial				Date Submitted: 06/21/2013 By:
<i>Previous Version</i>								
1	Group dental policy	QD-100A-2014-CO	POL	Other	Per state requirement			Date Submitted: 06/14/2013 By: Meredith Sharp
2	Group Employer Application	QD-001A-2014	AEF	Initial				Date Submitted: 06/21/2013 By:
3	Group Eligibility Enrollment Update	QD-002A-2014	AEF	Initial				Date Submitted: 06/21/2013 By:
4	Group High Declaration	QD-163A-2014-HIGH-CO	SCH	Initial				Date Submitted: 06/21/2013 By:
5	Group Low Declaration	QD-163A-2014-LOW-CO	SCH	Initial				Date Submitted: 06/21/2013 By:
6	Group High Summary	QD-164A-2014-HIGH-CO	SCH	Initial				Date Submitted: 06/21/2013 By:
7	Group Low Summary	QD-164A-2014-LOW-CO	SCH	Initial				Date Submitted: 06/21/2013 By:

State:	Colorado	Filing Company:	Renaissance Life & Health Insurance Company of America
TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health - Dental		
Product Name:	Renaissance Group Dental PPO, EHB Certified(PPACA dental filing)		
Project Name/Number:	Renaissance Group Dental PPO, EHB Certified /COR-2014-EHB GROUP RATES		

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
8	Group Certificate	QD-CO-0602A-2014	CER	Initial				Date Submitted: 06/21/2013 By:
9	Terms of Paperless Delivery	QD-012A-2014	OTH	Initial				Date Submitted: 06/21/2013 By:

No Rate Schedule Items Changed.

No Supporting Documents Changed.

State: Colorado **Filing Company:** Renaissance Life & Health Insurance Company of America

TOI/Sub-TOI: H10G Group Health - Dental/H10G.000 Health - Dental

Product Name: Renaissance Group Dental PPO, EHB Certified(PPACA dental filing)

Project Name/Number: Renaissance Group Dental PPO, EHB Certified /COR-2014-EHB GROUP RATES

Post Submission Update Request Processed On 07/19/2013

Status: Allowed

Created By: Denise Chadwell

Processed By: Nichole Boggess

Comments:

General Information:

Field Name	Requested Change	Prior Value
Requested Filing Mode	File & Use	Review & Approval

SERFF Tracking #:

RENA-129072450

State Tracking #:

279046

Company Tracking #:

COR-2014-EHB GROUP RATES

State: Colorado

Filing Company:

Renaissance Life & Health Insurance Company of America

TOI/Sub-TOI: H10G Group Health - Dental/H10G.000 Health - Dental

Product Name: Renaissance Group Dental PPO, EHB Certified(PPACA dental filing)

Project Name/Number: Renaissance Group Dental PPO, EHB Certified /COR-2014-EHB GROUP RATES

Form Schedule

Lead Form Number:

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Group dental policy	QD-100A-2014-CO	POL	Initial			
2		Group Employer Application	QD-001A-2014	AEF	Initial			
3		Group Eligibility Enrollment Update	QD-002A-2014	AEF	Initial			
4		Group High Declaration	QD-163A-2014-HIGH-CO	SCH	Initial			
5		Group Low Declaration	QD-163A-2014-LOW-CO	SCH	Initial			
6		Group High Summary	QD-164A-2014-HIGH-CO	SCH	Initial			
7		Group Low Summary	QD-164A-2014-LOW-CO	SCH	Initial			
8		Group Certificate	QD-CO-0602A-2014	CER	Initial			
9		Terms of Paperless Delivery	QD-012A-2014	OTH	Initial			

State:	Colorado	Filing Company:	Renaissance Life & Health Insurance Company of America
TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health - Dental		
Product Name:	Renaissance Group Dental PPO, EHB Certified(PPACA dental filing)		
Project Name/Number:	Renaissance Group Dental PPO, EHB Certified /COR-2014-EHB GROUP RATES		

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages

State:	Colorado	Filing Company:	Renaissance Life & Health Insurance Company of America
TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health - Dental		
Product Name:	Renaissance Group Dental PPO, EHB Certified(PPACA dental filing)		
Project Name/Number:	Renaissance Group Dental PPO, EHB Certified /COR-2014-EHB GROUP RATES		

Rate Information

Rate data applies to filing.

Filing Method:	Review & Appove
Rate Change Type:	%
Overall Percentage of Last Rate Revision:	0.000%
Effective Date of Last Rate Revision:	
Filing Method of Last Filing:	

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Renaissance Life & Health Insurance Company of America	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

SERFF Tracking #:

RENA-129072450

State Tracking #:

279046

Company Tracking #:

COR-2014-EHB GROUP RATES

State: Colorado

Filing Company:

Renaissance Life & Health Insurance Company of America

TOI/Sub-TOI: H10G Group Health - Dental/H10G.000 Health - Dental

Product Name: Renaissance Group Dental PPO, EHB Certified(PPACA dental filing)

Project Name/Number: Renaissance Group Dental PPO, EHB Certified /COR-2014-EHB GROUP RATES

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		Rates	QD-100A-2014-CO	New		CO 2014 Ren Group Rate Manual.pdf,
2		Actuarial memorandum	QD-100A-2014-CO	New		
3		Experience Exhibits	QD-100A-2014-CO	New		CO Ren Group Nationwide Experience.pdf,
4		Exhibits 1	QD-100A-2014-CO	New		CO Exhibits 1- RENA-129072450.xlsx,
5		Actuarial Certification	QD-100A-2014-CO	New		CO 2014 Actuarial Memorandum Certification 7-18-13.pdf,

SERFF Tracking #:	RENA-129072450	State Tracking #:	279046	Company Tracking #:	COR-2014-EHB GROUP RATES
<hr/>					
State:	Colorado	Filing Company:	Renaissance Life & Health Insurance Company of America		
TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health - Dental				
Product Name:	Renaissance Group Dental PPO, EHB Certified(PPACA dental filing)				
Project Name/Number:	Renaissance Group Dental PPO, EHB Certified /COR-2014-EHB GROUP RATES				

Attachment CO Exhibits 1- RENA-129072450.xlsx is not a PDF document and cannot be reproduced here.

**RENAISSANCE LIFE & HEALTH INSURANCE COMPANY OF AMERICA
DENTAL PREPAYMENT PLAN MANUAL RATING FORMULA
RENAISSANCE GROUP DENTAL PPO, EHB CERTIFIED
COLORADO FORM QD-100A-2014-CO**

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Exhibit I: 70% AV caclulation and rate development

Exhibit II: 85% AV caclulation and rate development

FORMULA

The formula below is used to calculate separate employee and spouse rates based on 5 main categories of benefits:

For i = 1 to 5 where

- i = 1 Preventive & Emergency
- i = 2 Radiographs—Bitewings
- i = 3 Basic Restorative (Fillings, Denture Repair and Adjunctive General Services)
- i = 4 Major Restorative (Crowns, Endodontics, Periodontics and Oral Surgery)
- i = 5 Prosthodontics (Implants)

Rate = ((Base Rate [i] x Initial/Renewal x Geographic Area x Starting Date) - Deductible Credit [i]) x Deductible Factor [i] x Age [i] x Coinsurance [i] x Maximum x Occupation x Group Size x Voluntary / (1 – Retention)

For children under the age of 19, Essential Health Benefits dictate the plan design offered for Pediatric Dental. These plan designs are provided in Exhibits I & II: Actuarial Value Calculation. For the state of Colorado the Pediatric Dental rate is on a statewide basis.

The formula below is used to calculate Orthodontic Rates:

Child Supplemental Ortho Rate = (Orthodontic Base Rate x Occupation x Group size x Voluntary) / (1 – Retention)

Adult Ortho Rate = Child Ortho Rate x 0.1457

FAMILY TIER FACTOR DEVELOPMENT

The following formula is used to convert the employee, spouse and child rates to employee and dependent rates:

2 Tier Rate Structure

$$\begin{aligned}\text{Employee Rate} &= \text{Employee Rate} \\ \text{Family Rate} &= \text{Employee Rate} + 0.8548 \times \text{Spouse Rate} + 1.2810 \times \text{Child Rate}\end{aligned}$$

3 Tier Rate Structure

$$\begin{aligned}\text{One-Party Rate} &= \text{Employee Rate} + \\ \text{Two-Party Rate} &= \text{Employee Rate} + 0.8115 \times \text{Spouse Rate} + 0.1885 \times \text{Child Rate} \\ \text{Three-Party Rate} &= \text{Employee Rate} + 0.8885 \times \text{Spouse Rate} + 2.1287 \times \text{Child Rate}\end{aligned}$$

4 Tier Rate Structure

$$\begin{aligned}\text{Employee Rate} &= \text{Employee Rate} \\ \text{Employee \& Spouse Rate} &= \text{Employee Rate} + \text{Spouse Rate} \\ \text{Employee \& Child (ren) Rate} &= \text{Employee Rate} + 1.6030 \times \text{Child Rate} \\ \text{Full Family Rate} &= \text{Employee Rate} + \text{Spouse Rate} + 2.0954 \times \text{Child Rate}\end{aligned}$$

8 Tier Rate Structure

$$\begin{aligned}\text{Employee Rate} &= \text{Employee Rate} \\ \text{Employee \& Spouse Rate} &= \text{Employee Rate} + \text{Spouse Rate} \\ \text{Employee \& 1 Child Rate} &= \text{Employee Rate} + 1.0000 \times \text{Child Rate} \\ \text{Employee \& 2 Children Rate} &= \text{Employee Rate} + 2.0000 \times \text{Child Rate} \\ \text{Employee \& 3 Children Rate} &= \text{Employee Rate} + 3.0000 \times \text{Child Rate} \\ \text{Family Rate (1 Child)} &= \text{Employee Rate} + \text{Spouse Rate} + 1.0000 \times \text{Child Rate} \\ \text{Family Rate (2 Children)} &= \text{Employee Rate} + \text{Spouse Rate} + 2.0000 \times \text{Child Rate} \\ \text{Family Rate (3+ Children)} &= \text{Employee Rate} + \text{Spouse Rate} + 3.0000 \times \text{Child Rate}\end{aligned}$$

Composite Rate Structure

$$\begin{aligned}\text{Composite Rate} &= (\text{Employee Rate} \times \# \text{ of Employees} + \text{Spouse Rate} \times \# \text{ of Spouses} \\ &\quad + \text{Child Rate} \times \# \text{ of Children}) / \# \text{ of Employees}\end{aligned}$$

TABLE I

BASE RATES

Base Rates are the expected monthly claims cost for average employee, spouse or child for 100% coverage for Preventive & Diagnostic Services and Bitewing X-Rays; 80% coverage for Basic Restorative, Simple Extractions, Periodontic Maintenance, Emergency Treatment, and other X-Rays; and 50% coverage for Major Restorative, Prosthodontics, Periodontics, Oral Surgery, and Endodontics with \$1,000 per year maximum; contract period beginning July 1, 2014. Changes to base plan design will be accommodated for as quoted.

Select the appropriate basic rates:

RENEWAL RATES

<u>One-Year Contract**</u>	<u>EMPLOYEE</u>	<u>SPOUSE</u>	<u>CHILD</u>
Preventive & Diagnostic	\$11.18	\$11.01	\$12.09
Bitewings	\$1.93	\$1.90	\$1.71
Basic Restorative	\$8.23	\$8.04	\$7.46
Major Restorative	\$7.97	\$7.89	\$1.98
Prosthodontics	\$2.23	\$2.25	\$0.11

* INITIAL RATES – Groups that do not have prior dental coverage receive Initial Rates. These are calculated by multiplying Renewal Rates by a load of 1.06 (6.0%).

**TWO-YEAR RATES – Rates to be issued for two years are calculated by trending one-year base rates by 6 months ($1.035^{(6/12)}$).

TABLE II—AREA FACTORS

<u>3 Digit Zip Code</u>	<u>State</u>	<u>Indemnity Region</u>	<u>Indemnity Area Factor</u>	<u>PPO Region</u>	<u>PPO Area Factor</u>
800	CO	1	1.0257	1	0.7924
801	CO	1	1.0257	1	0.7924
802	CO	1	1.0257	1	0.7924
803	CO	1	1.0257	1	0.7924
804	CO	1	1.0257	1	0.7924
805	CO	2	0.9633	2	0.7351
806	CO	2	0.9633	2	0.7351
807	CO	2	0.9633	2	0.7351
808	CO	2	0.9633	2	0.7351
809	CO	2	0.9633	2	0.7351
810	CO	2	0.9633	2	0.7351
811	CO	2	0.9633	2	0.7351
812	CO	2	0.9633	2	0.7351
813	CO	2	0.9633	2	0.7351
814	CO	2	0.9633	2	0.7351
815	CO	2	0.9633	2	0.7351
816	CO	1	1.0257	1	0.7924

TABLE III

STARTING DATE FACTOR FORMULA

$$(1.035)^{(N/12)}$$

Definitions:

1.035 – Projected annual trend of 3.5% + 1

N – Number of months since July 1, 2014

Please note: N is equal to 0 for a start date of July 1, 2014

N is negative for a start date prior to July 1, 2014

N is positive for a start date after July 1, 2014

TABLE IV**DEDUCTIBLE ADJUSTMENTS****DEDUCTIBLE CREDITS**

The deductible credit for employees, spouses and children for a \$0 deductible is 0.00. From the tables below, select the appropriate Adult (employee and spouse) and Child dollar amounts if a deductible is present in the desired plan.

Applicable to Preventive & Emergency, Radiographs, Major Restorative, Other Basic & Prosthodontics

	\$25.00		\$35.00		\$50.00		\$75.00	
	Adult	Child	Adult	Child	Adult	Child	Adult	Child
Preventive & Emergency	\$0.77	\$0.94	\$1.08	\$1.31	\$1.55	\$1.87	\$2.33	\$2.81
Radiographs	\$0.16	\$0.16	\$0.23	\$0.22	\$0.33	\$0.31	\$0.49	\$0.46
Basic Restorative	\$0.36	\$0.29	\$0.51	\$0.40	\$0.73	\$0.58	\$1.09	\$0.87
Major Restorative	\$0.19	\$0.04	\$0.26	\$0.05	\$0.37	\$0.07	\$0.56	\$0.11
Prosthodontics	\$0.01	\$0.00	\$0.02	\$0.00	\$0.03	\$0.00	\$0.04	\$0.00

	\$100.00		\$150.00		\$175.00		\$200.00	
	Adult	Child	Adult	Child	Adult	Child	Adult	Child
Preventive & Emergency	\$3.05	\$3.72	\$4.38	\$5.15	\$4.99	\$5.79	\$5.55	\$6.37
Radiographs	\$0.65	\$0.61	\$0.93	\$0.85	\$1.06	\$0.96	\$1.18	\$1.05
Basic Restorative	\$1.43	\$1.15	\$2.06	\$1.59	\$2.34	\$1.79	\$2.61	\$1.96
Major Restorative	\$0.73	\$0.15	\$1.05	\$0.20	\$1.19	\$0.23	\$1.33	\$0.25
Prosthodontics	\$0.05	\$0.00	\$0.08	\$0.00	\$0.09	\$0.00	\$0.10	\$0.00

TABLE IV, CONT'D**DEDUCTIBLE ADJUSTMENTS****Applicable to Other Basic, Major Restorative & Prosthodontics**

	\$25.00		\$35.00		\$50.00		\$75.00	
	Adult	Child	Adult	Child	Adult	Child	Adult	Child
Preventive & Emergency	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Radiographs	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Basic Restorative	\$0.60	\$0.61	\$0.84	\$0.86	\$1.20	\$1.22	\$1.80	\$1.84
Major Restorative	\$0.31	\$0.08	\$0.43	\$0.11	\$0.61	\$0.16	\$0.92	\$0.24
Prosthodontics	\$0.02	\$0.00	\$0.03	\$0.00	\$0.04	\$0.00	\$0.07	\$0.00

	\$100.00		\$150.00		\$175.00		\$200.00	
	Adult	Child	Adult	Child	Adult	Child	Adult	Child
Preventive & Emergency	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Radiographs	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Basic Restorative	\$2.40	\$2.45	\$3.60	\$3.67	\$4.20	\$4.28	\$4.79	\$4.90
Major Restorative	\$1.22	\$0.31	\$1.83	\$0.47	\$2.14	\$0.55	\$2.44	\$0.63
Prosthodontics	\$0.09	\$0.00	\$0.13	\$0.01	\$0.16	\$0.01	\$0.18	\$0.01

TABLE IV, CONT'D**DEDUCTIBLE ADJUSTMENTS****Applicable to Major Restorative & Prosthodontics**

	\$25.00		\$35.00		\$50.00		\$75.00	
	Adult	Child	Adult	Child	Adult	Child	Adult	Child
Preventive & Emergency	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Radiographs	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Basic Restorative	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Major Restorative	\$0.43	\$0.11	\$0.60	\$0.15	\$0.85	\$0.22	\$1.28	\$0.33
Prosthodontics	\$0.03	\$0.00	\$0.04	\$0.00	\$0.06	\$0.00	\$0.09	\$0.00

	\$100.00		\$150.00		\$175.00		\$200.00	
	Adult	Child	Adult	Child	Adult	Child	Adult	Child
Preventive & Emergency	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Radiographs	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Basic Restorative	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Major Restorative	\$1.70	\$0.43	\$2.54	\$0.65	\$2.97	\$0.76	\$3.40	\$0.88
Prosthodontics	\$0.12	\$0.01	\$0.19	\$0.01	\$0.22	\$0.01	\$0.25	\$0.01

TABLE V

DEDUCTIBLE ADJUSTMENTS

DEDUCTIBLE FACTORS

These adjustment factors should only be applied to the portions of the rate for which the deductibles are applicable. The implied factor where the deductible is not applicable is 1.0000.

Annual Deductible	Adult Factor	Child Factor
\$0.00	1.0000	1.0000
\$25.00	0.9952	0.9952
\$35.00	0.9923	0.9923
\$50.00	0.9868	0.9868
\$75.00	0.9748	0.9748
\$100.00	0.9592	0.9592
\$150.00	0.9172	0.9172
\$175.00	0.8908	0.8908
\$200.00	0.8608	0.8608

TABLE VI

AGE FACTORS

The age factor for each class is determined by multiplying the number of employees in each bracket by the factor for the bracket and class (shown in the table below) and dividing the sum of those products (for each class) by the total number of employees. Age is only applicable to the employee and spouse rates. The child factor is equal to 1.0000, and adult factor is set equal to 1.0000 if age data is not available.

Age Brackets	Preventive & Diagnostic	Radiographs	Major Restorative	Other Basics	Prosthodontic
0–24	0.7775	0.9437	0.2351	1.1535	0.1386
25–34	0.9846	0.9641	0.4574	0.9543	0.2558
35–44	0.9814	0.9841	0.7190	0.8662	0.4706
45–54	1.0007	1.0004	1.1876	1.0029	1.0818
55–64	1.0775	1.0571	1.5215	1.1167	1.8994
65 and over	0.9923	0.9966	1.3810	1.3008	2.8881

TABLE VII**COINSURANCE FACTORS**

Select the appropriate factor from the table below:

<u>Level of Coinsurance</u>	<u>Diagnostic and Preventive</u>	<u>Basic Services</u>	<u>Major Services</u>
0%	0.0000	0.0000	0.0000
25%	0.2021	0.2892	0.5000
30%	0.2426	0.3470	0.6000
35%	0.2830	0.4048	0.7000
40%	0.3234	0.4627	0.8000
45%	0.3639	0.5205	0.9000
50%	0.4043	0.5783	1.0000
55%	0.4612	0.6466	1.1180
60%	0.5196	0.7157	1.2376
65%	0.5792	0.7857	1.3586
70%	0.6397	0.8564	1.4809
75%	0.7006	0.9279	1.6044
80%	0.7617	1.0000	1.7291
85%	0.8225	1.0727	1.8549
90%	0.8828	1.1461	1.9817
95%	0.9420	1.2199	2.1094
100%	1.0000	1.2943	2.2381

TABLE VIII

MAXIMUM FACTORS

Select the appropriate factors from the table below:

<u>Maximum</u>	<u>Adult Factor</u>	<u>Child Factor</u>
\$0	0.0000	0.0000
\$300	0.6187	0.6852
\$400	0.7266	0.7843
\$500	0.8049	0.8502
\$600	0.8646	0.8978
\$650	0.8893	0.9169
\$700	0.9111	0.9337
\$750	0.9304	0.9485
\$800	0.9476	0.9615
\$850	0.9629	0.9730
\$900	0.9767	0.9832
\$950	0.9889	0.9921
\$1,000	1.0000	1.0000
\$1,100	1.0190	1.0131
\$1,200	1.0345	1.0233
\$1,300	1.0474	1.0313
\$1,400	1.0581	1.0375
\$1,500	1.0671	1.0424
\$1,600	1.0747	1.0463
\$1,700	1.0812	1.0494
\$1,800	1.0868	1.0519
\$1,900	1.0916	1.0539
\$2,000	1.0958	1.0555
\$2,500	1.1102	1.0602
\$3,000	1.1184	1.0622
Unlimited	1.1369	1.0643

TABLE IX

COMPREHENSIVE ORTHO FACTORS FOR 1 YEAR

MAX	\$0	\$750	\$1,000	\$1,250	\$1,500	\$2,000	\$2,500	\$3,000	\$3,500	\$4,000
COINSURANCE										
0%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
10%	0.00	1.47	1.47	1.47	1.47	1.47	1.47	1.47	1.47	1.47
15%	0.00	2.17	2.79	2.92	2.92	2.92	2.92	2.92	2.92	2.92
20%	0.00	2.17	2.79	3.14	3.14	3.14	3.14	3.14	3.14	3.14
25%	0.00	2.17	2.79	3.32	3.45	3.45	3.45	3.45	3.45	3.45
50%	0.00	2.21	2.93	3.62	4.28	5.44	6.39	6.61	6.61	6.61
60%	0.00	2.21	2.93	3.63	4.31	5.55	6.63	7.49	7.73	7.73
65%	0.00	2.21	2.93	3.64	4.32	5.60	6.68	7.66	8.22	8.26
70%	0.00	2.21	2.93	3.65	4.33	5.62	6.74	7.74	8.49	8.75
75%	0.00	2.21	2.93	3.65	4.33	5.64	6.79	7.79	8.65	9.15
80%	0.00	2.21	2.93	3.65	4.34	5.65	6.84	7.84	8.74	9.39
90%	0.00	2.21	2.93	3.65	4.35	5.66	6.87	7.93	8.83	9.61
100%	0.00	2.21	2.93	3.65	4.35	5.68	6.90	8.00	8.92	9.71

TABLE IX, CONT'D

SUPPLEMENTAL ORTHO FACTORS FOR 1 YEAR

MAX	\$0	\$750	\$1,000	\$1,250	\$1,500	\$2,000	\$2,500	\$3,000	\$3,500	\$4,000
COINSURANCE										
0%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
10%	0.00	1.08	1.08	1.08	1.08	1.08	1.08	1.08	1.08	1.08
15%	0.00	1.60	2.09	2.17	2.17	2.17	2.17	2.17	2.17	2.17
20%	0.00	1.60	2.09	2.33	2.33	2.33	2.33	2.33	2.33	2.33
25%	0.00	1.60	2.09	2.56	2.56	2.56	2.56	2.56	2.56	2.56
50%	0.00	1.63	2.17	2.68	3.16	4.05	4.79	4.99	4.99	4.99
60%	0.00	1.63	2.17	2.69	3.19	4.11	4.92	5.59	5.80	5.80
65%	0.00	1.63	2.17	2.70	3.20	4.13	4.95	5.66	6.05	6.16
70%	0.00	1.63	2.17	2.70	3.20	4.15	4.98	5.72	6.30	6.52
75%	0.00	1.63	2.17	2.70	3.21	4.16	5.00	5.74	6.40	6.72
80%	0.00	1.63	2.17	2.70	3.21	4.16	5.02	5.77	6.43	6.92
90%	0.00	1.63	2.17	2.70	3.21	4.18	5.06	5.82	6.47	7.03
100%	0.00	1.63	2.17	2.70	3.21	4.19	5.07	5.85	6.52	7.08

Supplemental ortho base rates only applicable when Medically Necessary Ortho coverage is included in benefits

TABLE X

OCCUPATION FACTORS

Select the appropriate factor from the table below:

<u>OCCUPATION</u>	<u>FACTOR</u>
City — Skilled	0.9393
City — Unskilled	0.9890
City — Clerical	0.9824
City — Administration	1.0106
City — Retirees/Surviving Spouses	0.9275
City — General	0.9582
Private Agencies	0.9812
White Collar Professions	1.0476
Manufacturing — Hourly	0.9435
Manufacturing — Salaried	0.9943
Manufacturing — General	0.9671
Physicians	1.1231
Hospitals	1.0406
Other Medical	1.0184
Elementary & Secondary Schools	1.0477
Colleges & Universities	1.0928
Retailers and Skilled Trades	0.9448
Bar Association & Realators	1.0993
Transportation	0.8834
Wholesalers	1.0073
Construction	0.9572
Financial Institutions	1.0482
Public Utilities	0.9609
Religious Organizations	0.9806

TABLE XI

EXPENSE FACTORS

Select the appropriate factor according to the size of the group for one-year contracts:

<u>Number of Subscribers</u>	<u>Admin Expenses</u>	<u>Commission Fee*</u>	<u>State and Federal Taxes</u>	<u>Actuarial Risk Margin**</u>	<u>Total Expense Factor</u>	<u>General Agent Override*</u>	<u>Total Expense Factor w/GA</u>
Under 25	15.50%	10.00%	2.70%	2.50%	30.70%	4.00%	34.70%
25-49	14.75%	10.00%	2.70%	2.50%	29.95%	4.00%	33.95%
50-99	12.00%	10.00%	2.70%	2.50%	27.20%	2.00%	29.20%
100–199	10.00%	8.00%	2.70%	3.00%	23.70%	2.00%	25.70%
200–499	8.75%	3.00%	2.70%	2.50%	16.95%	2.00%	18.95%
500 or more	<i>Case-by-case basis</i>						

* Commission fee and general agent override percentage may be adjusted as needed.

** Two year contracts include 1.0% additional actuarial margin for any size group.

Changes may also be made to reflect increase or decreases in administration duties. These changes may decrease or increase charged rates.

TABLE XII

GROUP SIZE FACTORS

<u>Number of Subscribers</u>	<u>Factor</u>
Under 25	1.0200
25 - 49	1.0100
50+	1.0000

TABLE XIII

VOLUNTARY FACTORS

<u>Employer Contribution</u>	<u>Factor</u>
0%–20%	1.1500
21%–80%	1.0597
81%–100%	1.0000

TABLE XIV

CREDIBILITY FACTORS

This table shows the credibility to be assigned to a group's experience generated rate based on the number of subscribers.

<u>Subscribers</u>	<u>Credibility</u>
< 100	0.00
100 to 110	0.50
111 to 130	0.52
131 to 150	0.54
151 to 170	0.56
171 to 190	0.58
191 to 210	0.60
211 to 230	0.62
231 to 250	0.64
251 to 270	0.66
271 to 290	0.68
291 to 310	0.70
311 to 330	0.72
331 to 350	0.74
351 to 370	0.76
371 to 390	0.78
391 to 410	0.80
411 to 430	0.82
431 to 450	0.84
451 to 470	0.86
471 to 490	0.88
491 to 500	0.90
501 +	1.00

Exhibit I: Pediatric Actuarial Value Calculator—Renaissance 70% AV Plan

Frequency data based on claims incurred in 2011–2012 by covered Indiana, Ohio, Tennessee, New Mexico, and North Carolina residents up to the end of the month in which they turn 19 years old.
Severity data based on claims incurred in 2012 in Indiana, Ohio, Tennessee, New Mexico, and North Carolina service offices by patients up to the end of the month in which they turn 19 years old.

State Adjusted Utilization Factor 0.43%
State Adjusted Cost Factor 9.30%

Report Order	Class	Low Level Grouping	Final Adjusted Frequency per 10,000 per Yr	PPO Average Approved	OON Average Approved	Deductible Applies	PPO Coinsurance	Out-of-Network Coinsurance	PPO Calc Paid	Out-of-Network Calc Paid	Pure Premium
1	Class I	Exams	9,815	\$33.70	\$49.31	0	90%	80%	\$28.35	\$38.10	\$2.92
2	Class I	Fluorides	6,566	\$30.98	\$39.54	0	90%	80%	\$26.14	\$31.49	\$1.65
3	Class I	Cleanings	6,279	\$48.71	\$67.99	0	90%	80%	\$41.08	\$51.86	\$2.57
4	Class I	Emergency Treatment	28	\$60.11	\$94.64	0	90%	80%	\$50.48	\$71.51	\$0.02
5	Class I	Sealants	1,692	\$36.84	\$49.65	0	90%	80%	\$31.08	\$38.74	\$0.52
6	Class I	Bitewing X-rays	3,452	\$29.72	\$47.53	0	90%	80%	\$25.03	\$36.71	\$0.97
7	Class I	Full Mouth X-rays	988	\$74.71	\$121.93	0	90%	80%	\$62.91	\$91.44	\$0.69
8	Class I	All Other X-rays	1,612	\$20.78	\$31.61	0	90%	80%	\$17.55	\$24.25	\$0.30
9.1	Class II	Fillings-Anterior	376	\$125.34	\$185.20	1	50%	50%	\$61.78	\$87.71	\$0.25
9.2	Class II	Fillings-Posterior Composites	1,617	\$123.85	\$180.72	1	50%	50%	\$61.48	\$88.48	\$1.10
9.3	Class II	Fillings-Posterior Amalgams	1,268	\$95.63	\$159.71	1	50%	50%	\$38.38	\$71.52	\$0.67
9.4	Class II	Fillings-Other	20	\$68.42	\$106.71	1	50%	50%	\$33.87	\$49.95	\$0.01
10	Class III	Crowns	272	\$261.58	\$349.15	1	50%	50%	\$127.37	\$168.96	\$0.36
11	Class II	Major Gum Disease	0	\$356.91	\$511.05	1	0%	0%	\$0.00	\$0.00	\$0.00
12	Class II	Minor Gum Disease	0	\$138.76	\$212.25	1	0%	0%	\$0.00	\$0.00	\$0.00
13	Class II	Difficult Cleaning	4	\$92.74	\$160.59	1	50%	50%	\$45.54	\$75.48	\$0.00
14	Class II	Gum Disease Cleaning	2	\$94.87	\$124.45	1	50%	50%	\$46.93	\$61.96	\$0.00
15	Class II	Root Canals	49	\$703.49	\$908.17	1	50%	50%	\$348.39	\$441.63	\$0.17
16	Class II	Endodontics Other Than Root Canals	133	\$126.60	\$170.77	1	50%	50%	\$62.91	\$81.55	\$0.09
17	Class II	Simple Extractions	787	\$92.33	\$132.33	1	50%	50%	\$45.83	\$63.80	\$0.39
18	Class II	Complex Extractions	694	\$346.18	\$408.74	1	50%	50%	\$172.69	\$202.11	\$1.13
19	Class II	Oral Surgery Other Than Extractions	54	\$345.88	\$444.29	1	50%	50%	\$172.15	\$209.54	\$0.09
20	Class II	Denture Repair	0	\$103.63	\$154.43	1	0%	0%	\$0.00	\$0.00	\$0.00
21	Class II	Other Services	450	\$167.23	\$226.24	1	50%	50%	\$83.31	\$107.88	\$0.38
22	Class III	Bridges	0	\$540.27	\$810.63	1	0%	0%	\$0.00	\$0.00	\$0.00
23	Class III	Partial Dentures	0	\$504.98	\$737.14	1	0%	0%	\$0.00	\$0.00	\$0.00
24	Class III	Full Dentures	0	\$774.12	\$1,193.38	1	0%	0%	\$0.00	\$0.00	\$0.00
25	Class III	Other Bridges	0	\$0.00	\$0.00	1	0%	0%	\$0.00	\$0.00	\$0.00
26	Class III	Other Dentures	0	\$0.00	\$0.00	1	0%	0%	\$0.00	\$0.00	\$0.00
27	Class I	Jaw Disorder X-rays	0	\$0.00	\$0.00	0	0%	0%	\$0.00	\$0.00	\$0.00
28	Class II	Jaw Disorder Treatment Other Than X-rays	0	\$367.71	\$702.94	1	0%	0%	\$0.00	\$0.00	\$0.00
29	Class III	Implants	0	\$1,282.63	\$1,498.44	1	0%	0%	\$0.00	\$0.00	\$0.00
30.1	Class IV	Orthodontics-Comprehensive Treatment	103	\$1,682.12	\$1,758.50	0	50%	50%	\$837.26	\$879.25	\$0.74
30.2	Class IV	Orthodontics-Other Services	1,327	\$162.59	\$288.33	0	50%	50%	\$80.83	\$144.17	\$1.42
31	Class I	Brush Biopsies	0	\$75.42	\$327.89	0	0%	0%	\$0.00	\$0.00	\$0.00
40	Class II	Unknown	0	\$321.61	\$388.01	0	50%	50%	\$160.80	\$194.00	\$0.00

Experience PMPM Pure Premium \$16.44
Over 3 Children factor 1.0485
Trend Factor [3.5% for 29.5 months] 1.0882
OOP Max Load 1.0531

Pure premium Rate \$19.76

Risk Charge 2.50%
Comms 12.00%
Exchange Fee 0.00%
Admin PMPM \$2.25
ACA Tax 0.70%
Premium Tax 2.00%

Gross Premium Rate \$26.58

Pediatric Actuarial Value Calculator—Renaissance Low Plan			
Input Coinsurance Percentages			
	PPO	Out-of-Network	
Class I		90%	80%
Class II		50%	50%
Class III		50%	50%
Class IV		50%	50%
Input Deductible			
PPO Deductible			\$0.00
Out-of-Network Deductible			\$0.00
Input Assumed Migration (Total should be ≤ 100%)			
PPO			25.0%
Tier II Network			0.0%
Maximum Out-of-Pocket Amount			\$700 / \$1,400
Maximum Out-of-Pocket Factor Applied			1.05311

Exhibit II: Pediatric Actuarial Value Calculator—Renaissance 85% AV Plan

Frequency data based on claims incurred in 2011–2012 by covered Indiana, Ohio, Tennessee, New Mexico, and North Carolina residents up to the end of the month in which they turn 19 years old.
Severity data based on claims incurred in 2012 in Indiana, Ohio, Tennessee, New Mexico, and North Carolina service offices by patients up to the end of the month in which they turn 19 years old.

State Adjusted Utilization Factor 0.43%
State Adjusted Cost Factor 9.30%

Report Order	Class	Low Level Grouping	Final Adjusted Frequency per 10,000 per Yr	PPO Average Approved	OON Average Approved	Deductible Applies	PPO Coinsurance	Out-of-Network Coinsurance	PPO Calc Paid	Out-of-Network Calc Paid	Pure Premium
1	Class I	Exams	10,183	\$33.70	\$49.31	0	100%	100%	\$33.35	\$47.63	\$3.74
2	Class I	Fluorides	6,812	\$30.98	\$39.54	0	100%	100%	\$30.75	\$39.36	\$2.11
3	Class I	Cleanings	6,514	\$48.71	\$67.99	0	100%	100%	\$48.33	\$64.82	\$3.29
4	Class I	Emergency Treatment	29	\$60.11	\$94.64	0	100%	100%	\$59.38	\$89.39	\$0.02
5	Class I	Sealants	1,756	\$36.84	\$49.65	0	100%	100%	\$36.56	\$48.42	\$0.67
6	Class I	Bitewing X-rays	3,581	\$29.72	\$47.53	0	100%	100%	\$29.45	\$45.89	\$1.25
7	Class I	Full Mouth X-rays	1,025	\$74.71	\$121.93	0	100%	100%	\$74.01	\$114.30	\$0.89
8	Class I	All Other X-rays	1,673	\$20.78	\$31.61	0	100%	100%	\$20.64	\$30.31	\$0.39
9.1	Class II	Fillings-Anterior	409	\$125.34	\$185.20	1	80%	60%	\$98.84	\$105.26	\$0.35
9.2	Class II	Fillings-Posterior Composites	1,761	\$123.85	\$180.72	1	80%	60%	\$98.37	\$106.17	\$1.53
9.3	Class II	Fillings-Posterior Amalgams	1,381	\$95.63	\$159.71	1	80%	60%	\$61.40	\$85.83	\$0.92
9.4	Class II	Fillings-Other	22	\$68.42	\$106.71	1	80%	60%	\$54.20	\$59.94	\$0.01
10	Class III	Crowns	272	\$261.58	\$349.15	1	50%	50%	\$127.37	\$168.96	\$0.36
11	Class II	Major Gum Disease	0	\$356.91	\$511.05	1	0%	0%	\$0.00	\$0.00	\$0.00
12	Class II	Minor Gum Disease	0	\$138.76	\$212.25	1	0%	0%	\$0.00	\$0.00	\$0.00
13	Class II	Difficult Cleaning	4	\$92.74	\$160.59	1	80%	60%	\$72.87	\$90.58	\$0.00
14	Class II	Gum Disease Cleaning	2	\$94.87	\$124.45	1	80%	60%	\$75.08	\$74.35	\$0.00
15	Class II	Root Canals	53	\$703.49	\$908.17	1	80%	60%	\$557.43	\$529.96	\$0.24
16	Class II	Endodontics Other Than Root Canals	145	\$126.60	\$170.77	1	80%	60%	\$100.66	\$97.86	\$0.12
17	Class II	Simple Extractions	857	\$92.33	\$132.33	1	80%	60%	\$73.32	\$76.56	\$0.54
18	Class II	Complex Extractions	755	\$346.18	\$408.74	1	80%	60%	\$276.31	\$242.53	\$1.58
19	Class II	Oral Surgery Other Than Extractions	59	\$345.88	\$444.29	1	80%	60%	\$275.44	\$251.44	\$0.13
20	Class II	Denture Repair	0	\$103.63	\$154.43	1	0%	0%	\$0.00	\$0.00	\$0.00
21	Class II	Other Services	490	\$167.23	\$226.24	1	80%	60%	\$133.30	\$129.46	\$0.53
22	Class III	Bridges	0	\$540.27	\$810.63	1	0%	0%	\$0.00	\$0.00	\$0.00
23	Class III	Partial Dentures	0	\$504.98	\$737.14	1	0%	0%	\$0.00	\$0.00	\$0.00
24	Class III	Full Dentures	0	\$774.12	\$1,193.38	1	0%	0%	\$0.00	\$0.00	\$0.00
25	Class III	Other Bridges	0	\$0.00	\$0.00	1	0%	0%	\$0.00	\$0.00	\$0.00
26	Class III	Other Dentures	0	\$0.00	\$0.00	1	0%	0%	\$0.00	\$0.00	\$0.00
27	Class I	Jaw Disorder X-rays	0	\$0.00	\$0.00	0	0%	0%	\$0.00	\$0.00	\$0.00
28	Class II	Jaw Disorder Treatment Other Than X-rays	0	\$367.71	\$702.94	1	0%	0%	\$0.00	\$0.00	\$0.00
29	Class III	Implants	0	\$1,282.63	\$1,498.44	1	0%	0%	\$0.00	\$0.00	\$0.00
30.1	Class IV	Orthodontics-Comprehensive Treatment	103	\$1,682.12	\$1,758.50	0	50%	50%	\$837.26	\$879.25	\$0.74
30.2	Class IV	Orthodontics-Other Services	1,327	\$162.59	\$288.33	0	50%	50%	\$80.83	\$144.17	\$1.42
31	Class I	Brush Biopsies	0	\$75.42	\$327.89	0	0%	0%	\$0.00	\$0.00	\$0.00
40	Class II	Unknown	0	\$321.61	\$388.01	0	80%	60%	\$257.29	\$232.81	\$0.00

Experience PMPM Pure Premium \$20.83
Over 3 Children factor 1.0485
Trend Factor [3.5% for 29.5 months] 1.0882
OOP Max Load 1.0346

Pure premium Rate (Index Rate) \$24.59

Risk Charge 2.50%
Comms 12.00%
Exchange Fee 0.00%
Admin PMPM \$2.25
ACA Tax 0.70%
Premium Tax 2.00%

Gross Premium Rate \$32.42

Pediatric Actuarial Value Calculator—Renaissance High Plan			
Input Coinsurance Percentages			
	PPO	Out-of-Network	
Class I		100%	100%
Class II		80%	60%
Class III		50%	50%
Class IV		50%	50%
Input Deductible			
PPO Deductible			\$0.00
Out-of-Network Deductible			\$0.00
Input Assumed Migration (Total should be ≤ 100%)			
PPO			25.0%
Tier II Network			0.0%
Maximum Out-of-Pocket Amount			\$700 / \$1,400
Maximum Out-of-Pocket Factor Applied			1.03458

Exhibit 1
Renaissance Life & Health Insurance Company of America
Form Number QD-100A-2014-CO
Nationwide Experience

Most Recent 4 Quarters

	Earned Premium (b)	Paid Claims (c)	Change in Clm Liab (d)	Incurred Claims (e)=(c)+(d)	Incurred Loss Ratio (f)=(e)/(b)	Expected Incurred Claims (g)	Expected Loss Ratio (h)=(g)/(b)	A/E Claims Ratio (i)=(e)/(g)	Active Life Reserves as of Year End (j)	Exposure In Subscriber Months (k)	Number of Claims (l)
Apr-12 - Mar-13	\$3,526,036	\$2,621,985	(\$22,347)	\$2,599,638	73.7%	\$2,591,636	73.5%	100.3%	0	76,952	18,307

Projection Assumptions

Claim Trend:	4.00%	Insurance Trend:	0.00%
Future Premium Revisions: = claim trend		Lapse Rate (assumed to be offset by new business):	0.00%

Historical & Projected With Requested Revision

Calendar Year (a)	Earned Premium (b)	Paid Claims (c)	Change in Clm Liab (d)	Incurred Claims (e)=(c)+(d)	Incurred Loss Ratio (f)=(e)/(b)	Expected Incurred Claims (g)	Expected Loss Ratio (h)=(g)/(b)	A/E Claims Ratio (i)=(e)/(g)	Active Life Reserves as of Year End (j)	Exposure In Subscriber Months (k)	Number of Claims (l)
2003	\$40,294	\$17,936	\$7,626	\$25,562	63.4%	\$29,616	73.5%	86.3%	0	1,171	351
2004	\$140,484	\$92,555	\$12,412	\$104,967	74.7%	\$103,256	73.5%	101.7%	0	4,826	803
2005	\$233,044	\$185,525	(\$5,157)	\$180,368	77.4%	\$171,288	73.5%	105.3%	0	7,729	1,467
2006	\$421,165	\$263,136	\$20,301	\$283,437	67.3%	\$309,556	73.5%	91.6%	0	13,041	2,262
2007	\$706,109	\$525,241	\$507	\$525,748	74.5%	\$518,990	73.5%	101.3%	0	21,844	4,924
2008	\$3,988,933	\$3,502,599	\$168,153	\$3,670,752	92.0%	\$2,931,865	73.5%	125.2%	0	88,855	27,469
2009	\$5,125,746	\$5,031,470	\$134,364	\$5,165,834	100.8%	\$3,767,423	73.5%	137.1%	0	116,293	31,833
2010	\$5,457,551	\$4,877,059	(\$15,654)	\$4,861,405	89.1%	\$4,011,300	73.5%	121.2%	0	119,483	31,930
2011	\$4,747,617	\$4,024,361	(\$184,156)	\$3,840,205	80.9%	\$3,489,498	73.5%	110.1%	0	103,653	27,517
2012	\$3,562,328	\$2,692,742	(\$51,678)	\$2,641,064	74.1%	\$2,618,311	73.5%	100.9%	0	77,485	18,615
2013	\$3,536,444			\$2,620,711	74.1%	\$2,599,286	73.5%	100.8%			
2014	\$3,695,584			\$2,725,539	73.8%	\$2,716,254	73.5%	100.3%			
2015	\$3,843,407			\$2,834,561	73.8%	\$2,824,904	73.5%	100.3%			
2016	\$3,997,144			\$2,947,943	73.8%	\$2,937,901	73.5%	100.3%			
2017	\$4,157,029			\$3,065,861	73.8%	\$3,055,417	73.5%	100.3%			
2018	\$4,323,311			\$3,188,495	73.8%	\$3,177,633	73.5%	100.3%			
2019	\$4,496,243			\$3,316,035	73.8%	\$3,304,739	73.5%	100.3%			
2020	\$4,676,093			\$3,448,677	73.8%	\$3,436,928	73.5%	100.3%			
2021	\$4,863,136			\$3,586,624	73.8%	\$3,574,405	73.5%	100.3%			
2022	\$5,057,662			\$3,730,089	73.8%	\$3,717,382	73.5%	100.3%			
Past	\$24,423,269			\$21,299,341	87.2%	\$17,951,103	73.5%	118.7%			
Future	\$42,646,053			\$31,464,534	73.8%	\$31,344,849	73.5%	100.4%			
Lifetime	\$67,069,323			\$52,763,875	78.7%	\$49,295,952	73.5%	107.0%			

** Assumed to be offset by new business

Actuarial Certification

I, Kevin Sule, am a member of the American Academy of Actuaries and meet its qualification standards to render the actuarial opinion contained herein. To the best of my knowledge and judgment:

1. The premium rates filed are reasonable in relation to the benefits provided and are not excessive, inadequate, or unfairly discriminatory.
2. The premiums are based on sound actuarial principles.
3. The rates produced are reasonable related to the applicable coverage and characteristics of the anticipated class of enrollees.
4. The Projected Index rate is in compliance with applicable State and Federal statutes, in particular with 45 CFR 156.80(d)(1).
5. The Actuarial Value (AV) calculator that was used for a stand-alone dental plan to generate EHB compliant Pediatric Dental plans was developed in accordance with generally accepted actuarial principles and methodologies.
6. The premium rates filed were prepared in conformity with Actuarial Standards of Practice.
7. The premium rates are in compliance with the applicable laws, rules, and guidelines of the state of Colorado.



Kevin Sule, FSA, MAAA
July 17, 2013

State:	Colorado	Filing Company:	Renaissance Life & Health Insurance Company of America
TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health - Dental		
Product Name:	Renaissance Group Dental PPO, EHB Certified(PPACA dental filing)		
Project Name/Number:	Renaissance Group Dental PPO, EHB Certified /COR-2014-EHB GROUP RATES		

Supporting Document Schedules

Satisfied - Item:	HR-1 Form (H)
Comments:	
Attachment(s):	HR-1 Group_Ren.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	CO 2014 Actuarial Memorandum Revised 7-18-13.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Certification
Comments:	
Attachment(s):	CO 2014 Actuarial Memorandum Certification 7-18-13.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Nationwide Experience
Comments:	See attached.
Attachment(s):	CO Ren Group Nationwide Experience.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Exhibits
Comments:	
Attachment(s):	CO Exhibits 1- RENA-129072450.xlsx
Item Status:	
Status Date:	

State:	Colorado	Filing Company:	Renaissance Life & Health Insurance Company of America
TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health - Dental		
Product Name:	Renaissance Group Dental PPO, EHB Certified(PPACA dental filing)		
Project Name/Number:	Renaissance Group Dental PPO, EHB Certified /COR-2014-EHB GROUP RATES		

Satisfied - Item:	Response to Objections due 7-29-13
Comments:	
Attachment(s):	CO Objection Response - RENA-129072450 B.pdf
Item Status:	
Status Date:	

SERFF Tracking #:	RENA-129072450	State Tracking #:	279046	Company Tracking #:	COR-2014-EHB GROUP RATES
<hr/>					
State:	Colorado	Filing Company:	Renaissance Life & Health Insurance Company of America		
TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health - Dental				
Product Name:	Renaissance Group Dental PPO, EHB Certified(PPACA dental filing)				
Project Name/Number:	Renaissance Group Dental PPO, EHB Certified /COR-2014-EHB GROUP RATES				

Attachment CO Exhibits 1- RENA-129072450.xlsx is not a PDF document and cannot be reproduced here.

State Of Colorado
Health Rate Filing Form
Form HR-1

Reset Form

Must Be Completed For All Products		SERFF FILING # RENA-129072450	
1. Company: Renaissance Life & Health Insurance Company of America			
2. Person Responsible For Filing: Bethany Stecovich		3. Title: Compliance Specialist	
4. Address Of Responsible Person: P.O. Box 30381 Lar		5. Telephone #: (517) 347-5273 ext.	
6. Email Address: bstecovich@renaissancefamily.com			
7. Type Of Coverage: PPO Other :			
8. Medicare Supplement: N/A Not Applicable <input type="checkbox"/>			
(1) Prestandardized Plan(s):			
(2) Standardized Plan(s): <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> FHD <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> J <input type="checkbox"/> JHD <input type="checkbox"/> K <input type="checkbox"/> L			
(3) 2010 Plans: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> F <input type="checkbox"/> FHD <input type="checkbox"/> G <input type="checkbox"/> K <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> N			
9. Sub Category: Small Group (1-50)			
10. A. Group Information: N/A N/A N/A N/A			
B. Name of association or trust (<i>if applicable</i>):			
C. Description of discretionary group(<i>if applicable</i>):			
11. Colorado State Code(s): 701 Small Group 633 Small Group Rate Cert (4-2-11) - H21			
N/A N/A N/A			
12. Brief Filing Description (Disability, Major Medical, LTC, Etc. Also Describe All Methodology Changes.): Small Group Dental Rates			
13. Reason For Filing:		<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Increase In Benefits?</p> <p>Reduction In Benefits?</p> <p>Increase in Profits?</p> <p>Change Needed To Meet Projected Losses?</p> <p>Trend Only?</p> <p>Change In Rating Methodology?</p> <p>New Product (Initial Offering As Opposed To Rate Revision)?</p> <p>Other?</p> <p>(If other, please explain)</p> </div> <div style="width: 45%;"> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> <div style="display: flex; justify-content: space-between;"> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div> </div>	
14. Policy Form(s) Affected: QD-100A-2014-CO			

15. If Rider Or Endorsement, Type Of Benefits?		
16. Closed Block(s)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date Block Closed:		
17. Number Of Colorado Covered Lives (Including Employees And Dependents): 0		
18. A. Rating Period: Select One From To		<input checked="" type="checkbox"/> N/A (New Product)
B. Experience Period: From To		
C. Reason for Rate Change:		
D. Average Change In Rates From One Year Prior To Effective Date:		
19. A. Rate Change Without Trend: 0.00		
B. Trend for Rating Period (if trend factor is used in rates): 0.00		
C. Overall Rate Impact Change: 0.00		
20. A. Current Underlying Annualized Trend Assumption (If Applicable): 0.00		
B. Requested Underlying <i>Annualized</i> Trend Assumption (If Applicable): 0.00		
21. A. What Is The Maximum Rate Change That Can Affect A Policyholder? 0.00		
B. What Is The Minimum Rate Change That Can Affect A Policyholder? 0.00		
(If the selected rate change differs from the indicated rate change, please fully detail in the actuarial memorandum in section 6K.)		
Benefits Ratios (On Colorado only basis)		
22. A. Targeted Benefits Ratio over Rating Period (assumed in calculation of rates): 79.20		
B. Actual Benefits Ratio over Experience Period:		<input checked="" type="checkbox"/> N/A (New Product)
23. A. Projected Benefits Ratio With Rate Change over Rating Period	<input type="checkbox"/> Colorado <input type="checkbox"/> Colorado/Nationwide <input type="checkbox"/> Nationwide Basis	<input checked="" type="checkbox"/> N/A (New Product)
B. Projected Benefits Ratio Without Rate Change over Rating Period		
(If projected benefits ratios on a Colorado only basis are not available, then ratios developed on a blended Colorado/Nationwide or Nationwide basis are acceptable. Please indicate above.)		
24. Proposed Effective Date: 01/01/2014		
25. A. Total Annual Colorado Written Premium Before Change(s): \$		<input checked="" type="checkbox"/> N/A (New Product)
B. Total Annual Colorado Written Premium After Change(s): \$		
C. Written Premium Change For This Product (Net Change): \$		
26. A. Effective Date of Previous Rate Filing for this Form (including initial filing):		<input checked="" type="checkbox"/> N/A (New Product)
B. Previous SERFF Filing Number(s):		
C. Overall Percentage of Last Rate Change for Affected Policy Forms:		
27. Experience Provided: <input type="checkbox"/> Nationwide <input type="checkbox"/> Colorado Select One <input type="checkbox"/> other (specify)		<input checked="" type="checkbox"/> N/A (New Product)
28. Small Group Filings Only: Unique Single Index Rate (Effective For All Small Group Plans):		High 32.42 L

Renaissance Life and Health Insurance Company of America (RLHICA)
Actuarial Memorandum
Renaissance Group Dental PPO, EHB Certified Product (PPACA dental filing)
Form Number QD-100A-2014-CO

A. Summary

1. **Reason for Rate Filing:** The purpose of this filing is to;
 - a. Comply with the Colorado state statutes governing health insurance rate and form filings.
 - b. Request approval of new rates for the plans RLHICA will offer under the Renaissance Group Dental PPO, EHB Certified Product (PPACA dental filing).
2. **Requested Rate Action:** This is our initial rate filing.

The projected index rate is the expected claims cost for the EHB compliant pediatric dental product.

The projected Index rate for the 85% AV pediatric dental plan is \$24.59
The projected Index rate for the 70% AV pediatric dental plan is \$19.76

These are the only two EHB compliant pediatric dental products that will be offered in the small group market. These products are subject to 45 CFR Part 156.80(d).

3. **Marketing Methods:** This product is available for sale through agents, brokers, and direct contact by staff representatives. This product will not be available on the Exchange on 01/01/2014.
4. **Premium Classifications:** Premium rates will vary according to the following:
 - a. Plan Designs
 - Deductible
 - Coinsurance percentages
 - Annual and lifetime maximums
 - Inclusion of coverage for orthodontia
 - b. Group Characteristics
 - Contract start date
 - Voluntary versus non-voluntary
 - Type of occupation
 - Ages of the subscribers
 - Rating structure
 - 2-Tier: Employee Only/ Family
 - 3-Tier: Employee Only/ Employee & 1 Party/ Employee & 2+ Party
 - 4-Tier: Employee Only/ Employee & Spouse/ Employee & Child/ Family
 - 8-Tier: Employee Only/ Employee & Spouse/ Employee & (1,2,3+ Children)/ Employee & Spouse & (1,2,3+ Children)

5. **Product Descriptions:** Group dental plan benefits are provided by this coverage. These plans will have individual and family deductibles and annual paid benefits for basic dental services and lifetime maximums for orthodontic services. Options are available with respect to the level of co-insurance and deductible to be paid by the patient.

Coverage for certain services may have time or frequency limitations. Examples: coverage for some diagnostic and preventive services may be limited to one or two times per year, replacement of crowns and prosthetics may be restricted to five or seven years. Additional details with regard to standard types of benefit provisions are given in the certificates, and policies. Benefits are to be paid on a fee for service, reasonable and customary basis, or based on an agreed to schedule to dentists participating in a preferred provider arrangement.

6. **Policy/Rider Forms Impacted:** Policy form QD-100A-2014-CO is impacted by this rate filing.
7. **Age Basis for Premiums:** There are no issue age limits for this product.
8. **Renewability provision:** These policies are conditionally renewable.

- B. **Assumption, Acquisition or Merger:** This product was not part of an assumption or acquisition of policies from another company.
- C. **Rating Period:** These rates will be effective upon the later of the approved date or 01/01/2014 and until a subsequent rate adjustment is requested and approved.
- D. **Underwriting:** Each group is subject to limited underwriting with the primary intention of selecting the appropriate rates. Rates will be selected based on the chosen plan design and the characteristics of the group.

Prior plan claims experience is used for experience rating when possible for groups of 100 or more employees. The manual rating formula accounts for demographics including location of covered employees, ages of employees, and group occupation.

All factors related to these variations are included with the filing. Final group rates are subject to adjustment based on consistency with current rates, marketplace competition, underwriting considerations, and other unusual circumstances. RLHICA expects no durational wear-away. Thus, duration has no impact on these rates.

- E. **Effect of Law Changes:** Federal Law requires individuals to reasonably obtain coverage for each Essential Health Benefit (EHB) for pediatric dental benefits. As a stand-alone Dental carrier, RLHICA is filing this document to demonstrate and certify that the benefits for qualified dependents will conform to the minimum level of the Essential Health Benefits for pediatric dental. For the state of Colorado, the modeled essential health benefit plan was the Colorado CHIP Program. Included in the attached rate manual are the plan designs and rate development for the EHB Compliant Pediatric dental plans.
- F. **Rate History:** This is a new product filing. No rate adjustment history is available.
- G. **Coordination of Benefits:** The loss experience for this product is net of savings associated with coordination of benefits and/or subrogation.

H. Relation of Benefits to Premium:

This form is priced at a target loss ratio in excess of 60% as required by item H-3-b of Section 6 of Amended Regulation 4-2-11.

	<u>Nationwide</u>	<u>Colorado</u>
Operating Expenses	12.4%	6.86%
Profit Margin	1.0%	1.0%
Premium Taxes	2.0%	2.0%
ACA Tax	0.7%	0.7%
Commissions & Brokerage	9.0%	12.0%
Contingencies	<u>1.5%</u>	<u>1.5%</u>
Total Retention	26.6%	24.06%

I. Projected Loss Ratio Experience

Nationwide Results		CO Results	
Lifetime Loss Ratio	73.4%		75.94%
Future Loss Ratio	73.6%		75.94%
Minimum Loss Ratio	60.0%		60.0%

Note that the expected lifetime and expected future loss ratios exceed the minimum required loss ratio.

J. Provision for Profit and Contingencies: Risk margins of 1.5% are included in these rates, along with a 1% profit margin.

K. Complete Explanation as to How the Proposed Rates Were Determined: The nationwide base rates were developed by analyzing incurred claims experience from July 1, 2011 – June 30, 2012 for states with similar practice patterns and patient experience. At the treatment category level, patient costs per member per month were determined for each subscriber, spouse, and child. Each state and its respective experience were then compared to the nationwide levels to develop relativities between the state and the nationwide benefits. Adjustments were made according to both cost and utilization fee differences.

The study data used to develop the nationwide base rates comprised almost \$715 million in annually incurred claims across 1.8 million members. For the state of Colorado, approximately 11,216 patients had their experience analyzed to determine the cost and utilization differences.

The area factors contained in Table II are based on the fee differences within the state of Colorado.

The maximum factors were developed based on patient claims experience based on the PPO fee levels. These factors are specific to Renaissance group experience.

The deductible credits are based on those for the Delta Dental Plan of Michigan, Ohio & Indiana manual rating formula but are adjusted for the overall difference in basic plan design between Colorado and Michigan, Ohio and Indiana.

All other factors used in the rating formula are the same as those used in the Delta Dental Plan of Michigan, Ohio & Indiana manual rating formula.

L. **Trend:** The dental claims trend assumption for claims is 3.5% per year.

The claims trend is based upon RLHICA's national experience and supported by the claims trend experience provided by Delta Dental of Indiana, Michigan and Ohio. The Consumer Price Index for Urban Users (CPI-U) reports a 2.3% trend for Dental Services in 2012. The 2013 Segal Health Plan Cost Trend Survey projects a 4.0% claim trend for similar FFS/Indemnity Dental Plans.

M. **Credibility:** Please see Table XIV in the submitted CO 2014 Ren Group Rate Manual.

N. **Data Requirements:** No experience is available since this is a new product filing.

O. **Side-by-Side:** This is an initial rate filing and side-by-side comparisons would not apply.

P. **Benefits Ratio Projections:**

	<u>Adult Rates</u>	<u>Pediatric Rates</u>
Projected Premiums (Annual)	\$571	\$394
Projected Incurred	\$419	\$299
Projected Benefits Ratio	0.7340	0.7594
Requested Rate Change	3.5%	N/A

Q. **Other Factors**

1. **Mortality**

The Delta Dental Plan of Michigan, Ohio & Indiana rating study for 2013 utilized over \$406 million of claim experience to generate the factors of the manual rating formula. Renaissance Life & Health Insurance Company of America and Delta Dental Plan of Michigan, Ohio & Indiana are all subsidiaries of Renaissance Health Services Corporation. The majority of Delta Dental Plan of the Michigan, Ohio & Indiana experience reflects a "reasonable and customary" (R&C) reimbursement for services, similar to RLHICA.

2. **Persistency**

We expect to renew about 85% to 95% of subscribers. Given the current commission structure, this assumption has little impact on the rates proposed.

3. **Expenses**

Please see Table XI Expense Factors in the attached rating formula for the breakdown of expenses.

4. **Area Factors**

See Table II of the CO 2014 Ren Group Rate Manual to view the area factors..

5. **Premium Modalization Rules**

Monthly premiums are calculated for one-year contracts.

6. **Claims Liability and Reserves**

Unpaid claims liabilities are calculated using the development method. This method is commonly used by health actuaries for calculations of this type. All calculations are performed in a manner consistent with relevant actuarial standards of practice (including ASOP No. 5, Incurred Health and Disability Claims and ASOP No. 23, Data Quality).

7. Active Life Reserves

Given that premiums are paid monthly and re-rated annually, active life reserves are not required for this product.

R. Rating Manuals and Underwriting Guidelines: Please see the submitted CO 2014 Ren Group Rate Manual.

Actuarial Certification

I, Kevin Sule, am a member of the American Academy of Actuaries and meet its qualification standards to render the actuarial opinion contained herein. To the best of my knowledge and judgment:

1. The premium rates filed are reasonable in relation to the benefits provided and are not excessive, inadequate, or unfairly discriminatory.
2. The premiums are based on sound actuarial principles.
3. The rates produced are reasonable related to the applicable coverage and characteristics of the anticipated class of enrollees.
4. The Projected Index rate is in compliance with applicable State and Federal statutes, in particular with 45 CFR 156.80(d)(1).
5. The Actuarial Value (AV) calculator that was used for a stand-alone dental plan to generate EHB compliant Pediatric Dental plans was developed in accordance with generally accepted actuarial principles and methodologies.
6. The premium rates filed were prepared in conformity with Actuarial Standards of Practice.
7. The premium rates are in compliance with the applicable laws, rules, and guidelines of the state of Colorado.



Kevin Sule, FSA, MAAA
July 17, 2013

Actuarial Certification

I, Kevin Sule, am a member of the American Academy of Actuaries and meet its qualification standards to render the actuarial opinion contained herein. To the best of my knowledge and judgment:

1. The premium rates filed are reasonable in relation to the benefits provided and are not excessive, inadequate, or unfairly discriminatory.
2. The premiums are based on sound actuarial principles.
3. The rates produced are reasonable related to the applicable coverage and characteristics of the anticipated class of enrollees.
4. The Projected Index rate is in compliance with applicable State and Federal statutes, in particular with 45 CFR 156.80(d)(1).
5. The Actuarial Value (AV) calculator that was used for a stand-alone dental plan to generate EHB compliant Pediatric Dental plans was developed in accordance with generally accepted actuarial principles and methodologies.
6. The premium rates filed were prepared in conformity with Actuarial Standards of Practice.
7. The premium rates are in compliance with the applicable laws, rules, and guidelines of the state of Colorado.



Kevin Sule, FSA, MAAA
July 17, 2013

Exhibit 1
Renaissance Life & Health Insurance Company of America
Form Number QD-100A-2014-CO
Nationwide Experience

Most Recent 4 Quarters

	Earned Premium (b)	Paid Claims (c)	Change in Clm Liab (d)	Incurred Claims (e)=(c)+(d)	Incurred Loss Ratio (f)=(e)/(b)	Expected Incurred Claims (g)	Expected Loss Ratio (h)=(g)/(b)	A/E Claims Ratio (i)=(e)/(g)	Active Life Reserves as of Year End (j)	Exposure In Subscriber Months (k)	Number of Claims (l)
Apr-12 - Mar-13	\$3,526,036	\$2,621,985	(\$22,347)	\$2,599,638	73.7%	\$2,591,636	73.5%	100.3%	0	76,952	18,307

Projection Assumptions											
Claim Trend: 4.00%										Insurance Trend:	0.00%
Future Premium Revisions: = claim trend										Lapse Rate (assumed to be offset by new business):	0.00%

Historical & Projected With Requested Revision

Calendar Year (a)	Earned Premium (b)	Paid Claims (c)	Change in Clm Liab (d)	Incurred Claims (e)=(c)+(d)	Incurred Loss Ratio (f)=(e)/(b)	Expected Incurred Claims (g)	Expected Loss Ratio (h)=(g)/(b)	A/E Claims Ratio (i)=(e)/(g)	Active Life Reserves as of Year End (j)	Exposure In Subscriber Months (k)	Number of Claims (l)
2003	\$40,294	\$17,936	\$7,626	\$25,562	63.4%	\$29,616	73.5%	86.3%	0	1,171	351
2004	\$140,484	\$92,555	\$12,412	\$104,967	74.7%	\$103,256	73.5%	101.7%	0	4,826	803
2005	\$233,044	\$185,525	(\$5,157)	\$180,368	77.4%	\$171,288	73.5%	105.3%	0	7,729	1,467
2006	\$421,165	\$263,136	\$20,301	\$283,437	67.3%	\$309,556	73.5%	91.6%	0	13,041	2,262
2007	\$706,109	\$525,241	\$507	\$525,748	74.5%	\$518,990	73.5%	101.3%	0	21,844	4,924
2008	\$3,988,933	\$3,502,599	\$168,153	\$3,670,752	92.0%	\$2,931,865	73.5%	125.2%	0	88,855	27,469
2009	\$5,125,746	\$5,031,470	\$134,364	\$5,165,834	100.8%	\$3,767,423	73.5%	137.1%	0	116,293	31,833
2010	\$5,457,551	\$4,877,059	(\$15,654)	\$4,861,405	89.1%	\$4,011,300	73.5%	121.2%	0	119,483	31,930
2011	\$4,747,617	\$4,024,361	(\$184,156)	\$3,840,205	80.9%	\$3,489,498	73.5%	110.1%	0	103,653	27,517
2012	\$3,562,328	\$2,692,742	(\$51,678)	\$2,641,064	74.1%	\$2,618,311	73.5%	100.9%	0	77,485	18,615
2013	\$3,536,444			\$2,620,711	74.1%	\$2,599,286	73.5%	100.8%			
2014	\$3,695,584			\$2,725,539	73.8%	\$2,716,254	73.5%	100.3%			
2015	\$3,843,407			\$2,834,561	73.8%	\$2,824,904	73.5%	100.3%			
2016	\$3,997,144			\$2,947,943	73.8%	\$2,937,901	73.5%	100.3%			
2017	\$4,157,029			\$3,065,861	73.8%	\$3,055,417	73.5%	100.3%			
2018	\$4,323,311			\$3,188,495	73.8%	\$3,177,633	73.5%	100.3%			
2019	\$4,496,243			\$3,316,035	73.8%	\$3,304,739	73.5%	100.3%			
2020	\$4,676,093			\$3,448,677	73.8%	\$3,436,928	73.5%	100.3%			
2021	\$4,863,136			\$3,586,624	73.8%	\$3,574,405	73.5%	100.3%			
2022	\$5,057,662			\$3,730,089	73.8%	\$3,717,382	73.5%	100.3%			
Past	\$24,423,269			\$21,299,341	87.2%	\$17,951,103	73.5%	118.7%			
Future	\$42,646,053			\$31,464,534	73.8%	\$31,344,849	73.5%	100.4%			
Lifetime	\$67,069,323			\$52,763,875	78.7%	\$49,295,952	73.5%	107.0%			

** Assumed to be offset by new business

SERFF Tracking Number: RENA-129072450

State: Colorado

Filing Company: Renaissance Life & Health Insurance Company of America

State Tracking Number: 279046

Company Tracking Number: COR-2014-EHB Group Rates

TOI: H10I Group Health – Dental

Sub-TOI: H10I.000 Health – Dental

Product Name: Renaissance Group Dental PPO, EHB Certified (PPACA dental filing)

Project Name: Renaissance Group Dental PPO, EHB Certified GBA

Objection Letter Status: Pending Industry Response

Objection Letter Date: 07/28/2013

Respond By Date: 07/29/2013

Submitted Date: 07/28/2013 01:33 PM

Dear Bethany Stecovich,

Introduction: This filing has been received, but before further action can be taken, please address the following:

[Objection 1](#)

- Rates (Rate)

Comments:

Looking through the Rate Manual and comparing to the Rate Data Template, there are multiple areas of concern that I am finding. First, there are area factors from table 2 in the rate manual and there are no changes in the Rate Data template to show these differences in rates, please make the necessary adjustments to show the different rating factors. Second, for the base rates shown on the rate data template, I cannot correctly map out how the rates on the rate manual transfer to the rate data template given the multiple factors, please advise how you got to the rates on the rate data template.

The area factors in table 2 are for development of the adult rates in the rate formula. For the state of Colorado the Pediatric Dental rate is on a statewide basis. The rate manual was not used in the development of the pediatric rates. The actuarial value of Renaissance pediatric dental plans is calculated using a ground-up model of pediatric dental claims frequency and severity.

Please see the following calculation of the rate tabs 2 – 5.

	Projected		Projected	Rates Trended		
	Index	Admin	Premium	from Annual Midpoint	Quarterly	
<u>Plan</u>	<u>Rate</u>	<u>Percentage</u>	<u>Annual Rate</u>	<u>to Quarter's Midpoint</u>	<u>Rates</u>	<u>Quarter</u>
85% AV Pediatric Plan	\$24.59	24.15%	\$32.42	$1.035^{(-5.5/12)}$	\$31.91	1st
70% AV Pediatric Plan	\$19.76	25.66%	\$26.58	$1.035^{(-5.5/12)}$	\$26.17	1st
85% AV Pediatric Plan	\$24.59	24.15%	\$32.42	$1.035^{(-2.5/12)}$	\$32.18	2nd
70% AV Pediatric Plan	\$19.76	25.66%	\$26.58	$1.035^{(-2.5/12)}$	\$26.39	2nd
85% AV Pediatric Plan	\$24.59	24.15%	\$32.42	$1.035^{(0.5/12)}$	\$32.46	3rd
70% AV Pediatric Plan	\$19.76	25.66%	\$26.58	$1.035^{(0.5/12)}$	\$26.62	3rd
85% AV Pediatric Plan	\$24.59	24.15%	\$32.42	$1.035^{(3.5/12)}$	\$32.74	4th
70% AV Pediatric Plan	\$19.76	25.66%	\$26.58	$1.035^{(3.5/12)}$	\$26.85	4th

Conclusion: If any of the requested rate information results in changes to the filing forms (HR-1 or A, B, C or D), please also submit revised forms.

Colorado Insurance Regulation 1-1-8 requires that every person shall provide a complete response in writing to any inquiry from the Division of Insurance. This reply must be submitted by 07/29/2013, which is within 1 calendar days from the date of this correspondence. If additional time is required to provide a complete response, including any documentation which is requested, a request for an extension of time must be submitted by 07/29/2013.

The request for an extension of time must state the reason for such request and the number of additional days required to provide a complete response. Requests for additional time will be granted for good cause shown and for a reasonable period at the discretion of the Division. Requests for an extension of time must be submitted through SERFF.

Failure to provide a full or complete response, or to request an extension for a specified period, may result in the imposition of a \$500 fine under Colorado Insurance Regulation 1-1-8 and applicable surcharge pursuant to §24-34-108(2), C.R.S. This surcharge will be used to fund the development, implementation and maintenance of a consumer outreach and education program. Pursuant to Section 6 of Colorado Insurance Regulation 1-1-8, and after notice and hearing, additional sanctions may be sought under C.R.S. 10-1-215 and other fining and penalty provisions of Title 10.

Sincerely,

Scott Campbell

SERFF Tracking #:

RENA-129072450

State Tracking #:

279046

Company Tracking #:

COR-2014-EHB GROUP RATES

State: Colorado**Filing Company:**

Renaissance Life & Health Insurance Company of America

TOI/Sub-TOI: H10G Group Health - Dental/H10G.000 Health - Dental**Product Name:** Renaissance Group Dental PPO, EHB Certified(PPACA dental filing)**Project Name/Number:** Renaissance Group Dental PPO, EHB Certified /COR-2014-EHB GROUP RATES

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
07/18/2013		Rate	Actuarial memorandum	07/29/2013	CO 2014 Actuarial Memorandum Revised 7-18-13.pdf (Superceded)
06/14/2013		Form	Group dental policy	06/21/2013	
06/14/2013		Rate	Actuarial memorandum	07/18/2013	CO 2014 Actuarial Memorandum.pdf (Superceded)
06/14/2013		Supporting Document	Actuarial Memorandum	07/18/2013	CO 2014 Actuarial Memorandum.pdf (Superceded)

Renaissance Life and Health Insurance Company of America (RLHICA)
Actuarial Memorandum
Renaissance Group Dental PPO, EHB Certified Product (PPACA dental filing)
Form Number QD-100A-2014-CO

A. Summary

1. **Reason for Rate Filing:** The purpose of this filing is to;
 - a. Comply with the Colorado state statutes governing health insurance rate and form filings.
 - b. Request approval of new rates for the plans RLHICA will offer under the Renaissance Group Dental PPO, EHB Certified Product (PPACA dental filing).
2. **Requested Rate Action:** This is our initial rate filing.

The projected index rate is the expected claims cost for the EHB compliant pediatric dental product.

The projected Index rate for the 85% AV pediatric dental plan is \$24.59
The projected Index rate for the 70% AV pediatric dental plan is \$19.76

These are the only two EHB compliant pediatric dental products that will be offered in the small group market. These products are subject to 45 CFR Part 156.80(d).

3. **Marketing Methods:** This product is available for sale through agents, brokers, and direct contact by staff representatives. This product will not be available on the Exchange on 01/01/2014.
4. **Premium Classifications:** Premium rates will vary according to the following:
 - a. Plan Designs
 - Deductible
 - Coinsurance percentages
 - Annual and lifetime maximums
 - Inclusion of coverage for orthodontia
 - b. Group Characteristics
 - Contract start date
 - Voluntary versus non-voluntary
 - Type of occupation
 - Ages of the subscribers
 - Rating structure
 - 2-Tier: Employee Only/ Family
 - 3-Tier: Employee Only/ Employee & 1 Party/ Employee & 2+ Party
 - 4-Tier: Employee Only/ Employee & Spouse/ Employee & Child/ Family
 - 8-Tier: Employee Only/ Employee & Spouse/ Employee & (1,2,3+ Children)/ Employee & Spouse & (1,2,3+ Children)

5. **Product Descriptions:** Group dental plan benefits are provided by this coverage. These plans will have individual and family deductibles and annual paid benefits for basic dental services and lifetime maximums for orthodontic services. Options are available with respect to the level of co-insurance and deductible to be paid by the patient.

Coverage for certain services may have time or frequency limitations. Examples: coverage for some diagnostic and preventive services may be limited to one or two times per year, replacement of crowns and prosthetics may be restricted to five or seven years. Additional details with regard to standard types of benefit provisions are given in the certificates, and policies. Benefits are to be paid on a fee for service, reasonable and customary basis, or based on an agreed to schedule to dentists participating in a preferred provider arrangement.

6. **Policy/Rider Forms Impacted:** Policy form QD-100A-2014-CO is impacted by this rate filing.
7. **Age Basis for Premiums:** There are no issue age limits for this product.
8. **Renewability provision:** These policies are conditionally renewable.

- B. **Assumption, Acquisition or Merger:** This product was not part of an assumption or acquisition of policies from another company.
- C. **Rating Period:** These rates will be effective upon the later of the approved date or 01/01/2014 and until a subsequent rate adjustment is requested and approved.
- D. **Underwriting:** Each group is subject to limited underwriting with the primary intention of selecting the appropriate rates. Rates will be selected based on the chosen plan design and the characteristics of the group.

Prior plan claims experience is used for experience rating when possible for groups of 100 or more employees. The manual rating formula accounts for demographics including location of covered employees, ages of employees, and group occupation.

All factors related to these variations are included with the filing. Final group rates are subject to adjustment based on consistency with current rates, marketplace competition, underwriting considerations, and other unusual circumstances. RLHICA expects no durational wear-away. Thus, duration has no impact on these rates.

- E. **Effect of Law Changes:** Federal Law requires individuals to reasonably obtain coverage for each Essential Health Benefit (EHB) for pediatric dental benefits. As a stand-alone Dental carrier, RLHICA is filing this document to demonstrate and certify that the benefits for qualified dependents will conform to the minimum level of the Essential Health Benefits for pediatric dental. For the state of Colorado, the modeled essential health benefit plan was the Colorado CHIP Program. Included in the attached rate manual are the plan designs and rate development for the EHB Compliant Pediatric dental plans.
- F. **Rate History:** This is a new product filing. No rate adjustment history is available.
- G. **Coordination of Benefits:** The loss experience for this product is net of savings associated with coordination of benefits and/or subrogation.

H. Relation of Benefits to Premium:

This form is priced at a target loss ratio in excess of 60% as required by item H-3-b of Section 6 of Amended Regulation 4-2-11.

	<u>Nationwide</u>	<u>Colorado</u>
Operating Expenses	12.4%	6.86%
Profit Margin	1.0%	1.0%
Premium Taxes	2.0%	2.0%
ACA Tax	0.7%	0.7%
Commissions & Brokerage	9.0%	12.0%
Contingencies	<u>1.5%</u>	<u>1.5%</u>
Total Retention	26.6%	24.06%

I. Projected Loss Ratio Experience

Nationwide Results		CO Results	
Lifetime Loss Ratio	73.4%		75.94%
Future Loss Ratio	73.6%		75.94%
Minimum Loss Ratio	60.0%		60.0%

Note that the expected lifetime and expected future loss ratios exceed the minimum required loss ratio.

J. Provision for Profit and Contingencies: Risk margins of 1.5% are included in these rates, along with a 1% profit margin.

K. Complete Explanation as to How the Proposed Rates Were Determined: The nationwide base rates were developed by analyzing incurred claims experience from July 1, 2011 – June 30, 2012 for states with similar practice patterns and patient experience. At the treatment category level, patient costs per member per month were determined for each subscriber, spouse, and child. Each state and its respective experience were then compared to the nationwide levels to develop relativities between the state and the nationwide benefits. Adjustments were made according to both cost and utilization fee differences.

The study data used to develop the nationwide base rates comprised almost \$715 million in annually incurred claims across 1.8 million members. For the state of Colorado, approximately 11,216 patients had their experience analyzed to determine the cost and utilization differences.

The area factors contained in Table II are based on the fee differences within the state of Colorado.

The maximum factors were developed based on patient claims experience based on the PPO fee levels. These factors are specific to Renaissance group experience.

The deductible credits are based on those for the Delta Dental Plan of Michigan, Ohio & Indiana manual rating formula but are adjusted for the overall difference in basic plan design between Colorado and Michigan, Ohio and Indiana.

All other factors used in the rating formula are the same as those used in the Delta Dental Plan of Michigan, Ohio & Indiana manual rating formula.

L. **Trend:** The dental claims trend assumption for claims is 3.5% per year.

The claims trend is based upon RLHICA's national experience and supported by the claims trend experience provided by Delta Dental of Indiana, Michigan and Ohio. The Consumer Price Index for Urban Users (CPI-U) reports a 2.3% trend for Dental Services in 2012. The 2013 Segal Health Plan Cost Trend Survey projects a 4.0% claim trend for similar FFS/Indemnity Dental Plans.

M. **Credibility:** Please see Table XIV in the submitted CO 2014 Ren Group Rate Manual.

N. **Data Requirements:** No experience is available since this is a new product filing.

O. **Side-by-Side:** This is an initial rate filing and side-by-side comparisons would not apply.

P. **Benefits Ratio Projections:**

	<u>Adult Rates</u>	<u>Pediatric Rates</u>
Projected Premiums (Annual)	\$571	\$394
Projected Incurred	\$419	\$299
Projected Benefits Ratio	0.7340	0.7594
Requested Rate Change	3.5%	N/A

Q. **Other Factors**

1. **Mortality**

The Delta Dental Plan of Michigan, Ohio & Indiana rating study for 2013 utilized over \$406 million of claim experience to generate the factors of the manual rating formula. Renaissance Life & Health Insurance Company of America and Delta Dental Plan of Michigan, Ohio & Indiana are all subsidiaries of Renaissance Health Services Corporation. The majority of Delta Dental Plan of the Michigan, Ohio & Indiana experience reflects a "reasonable and customary" (R&C) reimbursement for services, similar to RLHICA.

2. **Persistency**

We expect to renew about 85% to 95% of subscribers. Given the current commission structure, this assumption has little impact on the rates proposed.

3. **Expenses**

Please see Table XI Expense Factors in the attached rating formula for the breakdown of expenses.

4. **Area Factors**

See Table II of the CO 2014 Ren Group Rate Manual to view the area factors..

5. **Premium Modalization Rules**

Monthly premiums are calculated for one-year contracts.

6. **Claims Liability and Reserves**

Unpaid claims liabilities are calculated using the development method. This method is commonly used by health actuaries for calculations of this type. All calculations are performed in a manner consistent with relevant actuarial standards of practice (including ASOP No. 5, Incurred Health and Disability Claims and ASOP No. 23, Data Quality).

7. Active Life Reserves

Given that premiums are paid monthly and re-rated annually, active life reserves are not required for this product.

R. Rating Manuals and Underwriting Guidelines: Please see the submitted CO 2014 Ren Group Rate Manual.

Actuarial Certification

I, Kevin Sule, am a member of the American Academy of Actuaries and meet its qualification standards to render the actuarial opinion contained herein. To the best of my knowledge and judgment:

1. The premium rates filed are reasonable in relation to the benefits provided and are not excessive, inadequate, or unfairly discriminatory.
2. The premiums are based on sound actuarial principles.
3. The rates produced are reasonable related to the applicable coverage and characteristics of the anticipated class of enrollees.
4. The Projected Index rate is in compliance with applicable State and Federal statutes, in particular with 45 CFR 156.80(d)(1).
5. The Actuarial Value (AV) calculator that was used for a stand-alone dental plan to generate EHB compliant Pediatric Dental plans was developed in accordance with generally accepted actuarial principles and methodologies.
6. The premium rates filed were prepared in conformity with Actuarial Standards of Practice.
7. The premium rates are in compliance with the applicable laws, rules, and guidelines of the state of Colorado.



Kevin Sule, FSA, MAAA
July 17, 2013

Renaissance Life and Health Insurance Company of America (RLHICA)
Actuarial Memorandum
Renaissance Group Dental PPO, EHB Certified Product (PPACA dental filing)
Form Number QD-100A-2014-CO

A. Summary

1. **Reason for Rate Filing:** The purpose of this filing is to;
 - a. Comply with the Colorado state statutes governing health insurance rate and form filings.
 - b. Request approval of new rates for the plans RLHICA will offer under the Renaissance Group Dental PPO, EHB Certified Product (PPACA dental filing).
2. **Requested Rate Action:** This is our initial rate filing.

The projected index rate is the expected claims cost for the EHB compliant pediatric dental product.

The projected Index rate for the 85% AV pediatric dental plan is \$24.59
The projected Index rate for the 70% AV pediatric dental plan is \$19.76

These are the only two EHB compliant pediatric dental products that will be offered in the small group market. These products are subject to 45 CFR Part 156.80(d).

3. **Marketing Methods:** This product is available for sale through agents, brokers, and direct contact by staff representatives. This product will not be available on the Exchange on 01/01/2014.
4. **Premium Classifications:** Premium rates will vary according to the following:
 - a. Plan Designs
 - Deductible
 - Coinsurance percentages
 - Annual and lifetime maximums
 - Inclusion of coverage for orthodontia
 - b. Group Characteristics
 - Contract start date
 - Voluntary versus non-voluntary
 - Type of occupation
 - Ages of the subscribers
 - Rating structure
 - 2-Tier: Employee Only/ Family
 - 3-Tier: Employee Only/ Employee & 1 Party/ Employee & 2+ Party
 - 4-Tier: Employee Only/ Employee & Spouse/ Employee & Child/ Family
 - 8-Tier: Employee Only/ Employee & Spouse/ Employee & (1,2,3+ Children)/ Employee & Spouse & (1,2,3+ Children)

5. **Product Descriptions:** Group dental plan benefits are provided by this coverage. These plans will have individual and family deductibles and annual paid benefits for basic dental services and lifetime maximums for orthodontic services. Options are available with respect to the level of co-insurance and deductible to be paid by the patient.

Coverage for certain services may have time or frequency limitations. Examples: coverage for some diagnostic and preventive services may be limited to one or two times per year, replacement of crowns and prosthetics may be restricted to five or seven years. Additional details with regard to standard types of benefit provisions are given in the certificates, and policies. Benefits are to be paid on a fee for service, reasonable and customary basis, or based on an agreed to schedule to dentists participating in a preferred provider arrangement.

6. **Policy/Rider Forms Impacted:** Policy form QD-100A-2014-CO is impacted by this rate filing.
7. **Age Basis for Premiums:** There are no issue age limits for this product.
8. **Renewability provision:** These policies are conditionally renewable.

- B. **Assumption, Acquisition or Merger:** This product was not part of an assumption or acquisition of policies from another company.
- C. **Rating Period:** These rates will be effective upon the later of the approved date or 01/01/2014 and until a subsequent rate adjustment is requested and approved.
- D. **Underwriting:** Each group is subject to limited underwriting with the primary intention of selecting the appropriate rates. Rates will be selected based on the chosen plan design and the characteristics of the group.

Prior plan claims experience is used for experience rating when possible for groups of 100 or more employees. The manual rating formula accounts for demographics including location of covered employees, ages of employees, and group occupation.

All factors related to these variations are included with the filing. Final group rates are subject to adjustment based on consistency with current rates, marketplace competition, underwriting considerations, and other unusual circumstances. RLHICA expects no durational wear-away. Thus, duration has no impact on these rates.

- E. **Effect of Law Changes:** Federal Law requires individuals to reasonably obtain coverage for each Essential Health Benefit (EHB) for pediatric dental benefits. As a stand-alone Dental carrier, RLHICA is filing this document to demonstrate and certify that the benefits for qualified dependents will conform to the minimum level of the Essential Health Benefits for pediatric dental. For the state of Colorado, the modeled essential health benefit plan was the Colorado CHIP Program. Included in the attached rate manual are the plan designs and rate development for the EHB Compliant Pediatric dental plans.
- F. **Rate History:** This is a new product filing. No rate adjustment history is available.
- G. **Coordination of Benefits:** The loss experience for this product is net of savings associated with coordination of benefits and/or subrogation.

H. Relation of Benefits to Premium:

This form is priced at a target loss ratio in excess of 60% as required by item H-3-b of Section 6 of Amended Regulation 4-2-11.

Operating Expenses	13.1%
Profit Margin	1.0%
Premium Taxes	2.0%
Commissions & Brokerage	9.0%
Contingencies	<u>1.5%</u>
Total Retention	26.6%

I. Projected Loss Ratio Experience:

Nationwide Results

Lifetime Loss Ratio	79.2%
Future Loss Ratio	79.2%
Minimum Loss Ratio	55.0%

Note that the expected lifetime and expected future loss ratios exceed the minimum required loss ratio.

J. Provision for Profit and Contingencies: Risk margins of 1.5% are included in these rates, along with a 1% profit margin.

K. Complete Explanation as to How the Proposed Rates Were Determined: The nationwide base rates were developed by analyzing incurred claims experience from July 1, 2011 – June 30, 2012 for states with similar practice patterns and patient experience. At the treatment category level, patient costs per member per month were determined for each subscriber, spouse, and child. Each state and its respective experience were then compared to the nationwide levels to develop relativities between the state and the nationwide benefits. Adjustments were made according to both cost and utilization fee differences.

The study data used to develop the nationwide base rates comprised almost \$715 million in annually incurred claims across 1.8 million members. For the state of Colorado, approximately 11,216 patients had their experience analyzed to determine the cost and utilization differences.

The area factors contained in Table II are based on the fee differences within the state of Colorado.

The maximum factors were developed based on patient claims experience based on the PPO fee levels. These factors are specific to Renaissance group experience.

The deductible credits are based on those for the Delta Dental Plan of Michigan, Ohio & Indiana manual rating formula but are adjusted for the overall difference in basic plan design between Colorado and Michigan, Ohio and Indiana.

All other factors used in the rating formula are the same as those used in the Delta Dental Plan of Michigan, Ohio & Indiana manual rating formula.

L. Trend: The dental claims trend assumption for claims is 3.5% per year.

The claims trend is based upon RLHICA's national experience and supported by the claims trend experience provided by Delta Dental of Indiana, Michigan and Ohio. The Consumer Price Index for Urban Users (CPI-U) reports a 2.3% trend for Dental Services in 2012. The 2013 Segal Health Plan Cost Trend Survey projects a 4.0% claim trend for similar FFS/Indemnity Dental Plans.

M. Credibility: Please see Table XIV in the submitted CO 2014 Ren Group Rate Manual.

N. Data Requirements: No experience is available since this is a new product filing.

O. Side-by-Side: This is an initial rate filing and side-by-side comparisons would not apply.

P. Benefits Ratio Projections: No experience is available since this is a new product filing.

Q. Other Factors

1. Mortality

The Delta Dental Plan of Michigan, Ohio & Indiana rating study for 2013 utilized over \$406 million of claim experience to generate the factors of the manual rating formula. Renaissance Life & Health Insurance Company of America and Delta Dental Plan of Michigan, Ohio & Indiana are all subsidiaries of Renaissance Health Services Corporation. The majority of Delta Dental Plan of the Michigan, Ohio & Indiana experience reflects a "reasonable and customary" (R&C) reimbursement for services, similar to RLHICA.

2. Persistency

We expect to renew about 85% to 95% of subscribers. Given the current commission structure, this assumption has little impact on the rates proposed.

3. Expenses

Please see Table XI Expense Factors in the attached rating formula for the breakdown of expenses.

4. Area Factors

See Table II of the CO 2014 Ren Group Rate Manual to view the area factors..

5. Premium Modalization Rules

Monthly premiums are calculated for one-year contracts.

6. Claims Liability and Reserves

Unpaid claims liabilities are calculated using the development method. This method is commonly used by health actuaries for calculations of this type. All calculations are performed in a manner consistent with relevant actuarial standards of practice (including ASOP No. 5, Incurred Health and Disability Claims and ASOP No. 23, Data Quality).

7. Active Life Reserves

Given that premiums are paid monthly and re-rated annually, active life reserves are not required for this product.

R. Rating Manuals and Underwriting Guidelines: Please see the submitted CO 2014 Ren Group Rate Manual.

Actuarial Certification

I, Kevin Sule, am a member of the American Academy of Actuaries and meet its qualification standards to render the actuarial opinion contained herein. To the best of my knowledge and judgment:

1. The premium rates filed are reasonable in relation to the benefits provided and are not excessive, inadequate, or unfairly discriminatory.
2. The premiums are based on sound actuarial principles.
3. The rates produced are reasonable related to the applicable coverage and characteristics of the anticipated class of enrollees.
4. The Projected Index rate is in compliance with applicable State and Federal statutes, in particular with 45 CFR 156.80(d)(1).
5. The Actuarial Value (AV) calculator that was used for a stand-alone dental plan to generate EHB compliant Pediatric Dental plans was developed in accordance with generally accepted actuarial principles and methodologies.
6. The premium rates filed were prepared in conformity with Actuarial Standards of Practice.
7. The premium rates are in compliance with the applicable laws, rules, and guidelines of the state of Colorado.



Kevin Sule, FSA, MAAA
June 14, 2013

Renaissance Life and Health Insurance Company of America (RLHICA)
Actuarial Memorandum
Renaissance Group Dental PPO, EHB Certified Product (PPACA dental filing)
Form Number QD-100A-2014-CO

A. Summary

1. **Reason for Rate Filing:** The purpose of this filing is to;
 - a. Comply with the Colorado state statutes governing health insurance rate and form filings.
 - b. Request approval of new rates for the plans RLHICA will offer under the Renaissance Group Dental PPO, EHB Certified Product (PPACA dental filing).
2. **Requested Rate Action:** This is our initial rate filing.

The projected index rate is the expected claims cost for the EHB compliant pediatric dental product.

The projected Index rate for the 85% AV pediatric dental plan is \$24.59
The projected Index rate for the 70% AV pediatric dental plan is \$19.76

These are the only two EHB compliant pediatric dental products that will be offered in the small group market. These products are subject to 45 CFR Part 156.80(d).

3. **Marketing Methods:** This product is available for sale through agents, brokers, and direct contact by staff representatives. This product will not be available on the Exchange on 01/01/2014.
4. **Premium Classifications:** Premium rates will vary according to the following:
 - a. Plan Designs
 - Deductible
 - Coinsurance percentages
 - Annual and lifetime maximums
 - Inclusion of coverage for orthodontia
 - b. Group Characteristics
 - Contract start date
 - Voluntary versus non-voluntary
 - Type of occupation
 - Ages of the subscribers
 - Rating structure
 - 2-Tier: Employee Only/ Family
 - 3-Tier: Employee Only/ Employee & 1 Party/ Employee & 2+ Party
 - 4-Tier: Employee Only/ Employee & Spouse/ Employee & Child/ Family
 - 8-Tier: Employee Only/ Employee & Spouse/ Employee & (1,2,3+ Children)/ Employee & Spouse & (1,2,3+ Children)

5. **Product Descriptions:** Group dental plan benefits are provided by this coverage. These plans will have individual and family deductibles and annual paid benefits for basic dental services and lifetime maximums for orthodontic services. Options are available with respect to the level of co-insurance and deductible to be paid by the patient.

Coverage for certain services may have time or frequency limitations. Examples: coverage for some diagnostic and preventive services may be limited to one or two times per year, replacement of crowns and prosthetics may be restricted to five or seven years. Additional details with regard to standard types of benefit provisions are given in the certificates, and policies. Benefits are to be paid on a fee for service, reasonable and customary basis, or based on an agreed to schedule to dentists participating in a preferred provider arrangement.

6. **Policy/Rider Forms Impacted:** Policy form QD-100A-2014-CO is impacted by this rate filing.
7. **Age Basis for Premiums:** There are no issue age limits for this product.
8. **Renewability provision:** These policies are conditionally renewable.

- B. **Assumption, Acquisition or Merger:** This product was not part of an assumption or acquisition of policies from another company.
- C. **Rating Period:** These rates will be effective upon the later of the approved date or 01/01/2014 and until a subsequent rate adjustment is requested and approved.
- D. **Underwriting:** Each group is subject to limited underwriting with the primary intention of selecting the appropriate rates. Rates will be selected based on the chosen plan design and the characteristics of the group.

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All factors related to these variations are included with the filing. Final group rates are subject to adjustment based on consistency with current rates, marketplace competition, underwriting considerations, and other unusual circumstances. RLHICA expects no durational wear-away. Thus, duration has no impact on these rates.

- E. **Effect of Law Changes:** Federal Law requires individuals to reasonably obtain coverage for each Essential Health Benefit (EHB) for pediatric dental benefits. As a stand-alone Dental carrier, RLHICA is filing this document to demonstrate and certify that the benefits for qualified dependents will conform to the minimum level of the Essential Health Benefits for pediatric dental. For the state of Colorado, the modeled essential health benefit plan was the Colorado CHIP Program. Included in the attached rate manual are the plan designs and rate development for the EHB Compliant Pediatric dental plans.
- F. **Rate History:** This is a new product filing. No rate adjustment history is available.
- G. **Coordination of Benefits:** The loss experience for this product is net of savings associated with coordination of benefits and/or subrogation.

H. Relation of Benefits to Premium:

This form is priced at a target loss ratio in excess of 60% as required by item H-3-b of Section 6 of Amended Regulation 4-2-11.

Operating Expenses	13.1%
Profit Margin	1.0%
Premium Taxes	2.0%
Commissions & Brokerage	9.0%
Contingencies	<u>1.5%</u>
Total Retention	26.6%

I. Projected Loss Ratio Experience:

Nationwide Results

Lifetime Loss Ratio	79.2%
Future Loss Ratio	79.2%
Minimum Loss Ratio	55.0%

Note that the expected lifetime and expected future loss ratios exceed the minimum required loss ratio.

J. Provision for Profit and Contingencies: Risk margins of 1.5% are included in these rates, along with a 1% profit margin.

K. Complete Explanation as to How the Proposed Rates Were Determined: The nationwide base rates were developed by analyzing incurred claims experience from July 1, 2011 – June 30, 2012 for states with similar practice patterns and patient experience. At the treatment category level, patient costs per member per month were determined for each subscriber, spouse, and child. Each state and its respective experience were then compared to the nationwide levels to develop relativities between the state and the nationwide benefits. Adjustments were made according to both cost and utilization fee differences.

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All other factors used in the rating formula are the same as those used in the Delta Dental Plan of Michigan, Ohio & Indiana manual rating formula.

L. Trend: The dental claims trend assumption for claims is 3.5% per year.

The claims trend is based upon RLHICA's national experience and supported by the claims trend experience provided by Delta Dental of Indiana, Michigan and Ohio. The Consumer Price Index for Urban Users (CPI-U) reports a 2.3% trend for Dental Services in 2012. The 2013 Segal Health Plan Cost Trend Survey projects a 4.0% claim trend for similar FFS/Indemnity Dental Plans.

M. Credibility: Please see Table XIV in the submitted CO 2014 Ren Group Rate Manual.

N. Data Requirements: No experience is available since this is a new product filing.

O. Side-by-Side: This is an initial rate filing and side-by-side comparisons would not apply.

P. Benefits Ratio Projections: No experience is available since this is a new product filing.

Q. Other Factors

1. Mortality

The Delta Dental Plan of Michigan, Ohio & Indiana rating study for 2013 utilized over \$406 million of claim experience to generate the factors of the manual rating formula. Renaissance Life & Health Insurance Company of America and Delta Dental Plan of Michigan, Ohio & Indiana are all subsidiaries of Renaissance Health Services Corporation. The majority of Delta Dental Plan of the Michigan, Ohio & Indiana experience reflects a "reasonable and customary" (R&C) reimbursement for services, similar to RLHICA.

2. Persistency

We expect to renew about 85% to 95% of subscribers. Given the current commission structure, this assumption has little impact on the rates proposed.

3. Expenses

Please see Table XI Expense Factors in the attached rating formula for the breakdown of expenses.

4. Area Factors

See Table II of the CO 2014 Ren Group Rate Manual to view the area factors..

5. Premium Modalization Rules

Monthly premiums are calculated for one-year contracts.

6. Claims Liability and Reserves

Unpaid claims liabilities are calculated using the development method. This method is commonly used by health actuaries for calculations of this type. All calculations are performed in a manner consistent with relevant actuarial standards of practice (including ASOP No. 5, Incurred Health and Disability Claims and ASOP No. 23, Data Quality).

7. Active Life Reserves

Given that premiums are paid monthly and re-rated annually, active life reserves are not required for this product.

R. Rating Manuals and Underwriting Guidelines: Please see the submitted CO 2014 Ren Group Rate Manual.

Actuarial Certification

I, Kevin Sule, am a member of the American Academy of Actuaries and meet its qualification standards to render the actuarial opinion contained herein. To the best of my knowledge and judgment:

1. The premium rates filed are reasonable in relation to the benefits provided and are not excessive, inadequate, or unfairly discriminatory.
2. The premiums are based on sound actuarial principles.
3. The rates produced are reasonable related to the applicable coverage and characteristics of the anticipated class of enrollees.
4. The Projected Index rate is in compliance with applicable State and Federal statutes, in particular with 45 CFR 156.80(d)(1).
5. The Actuarial Value (AV) calculator that was used for a stand-alone dental plan to generate EHB compliant Pediatric Dental plans was developed in accordance with generally accepted actuarial principles and methodologies.
6. The premium rates filed were prepared in conformity with Actuarial Standards of Practice.
7. The premium rates are in compliance with the applicable laws, rules, and guidelines of the state of Colorado.



Kevin Sule, FSA, MAAA
June 14, 2013